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ABSTRACT

Service integration entails the delivery of educational, health, and social services to children, youth, and their families through collaborations that include schools and major health and social service providers. Organized as a series of questions, this monograph provides information and insights on the process of service integration, particularly as it pertains to rural schools and community agencies. Part 1 examines definitions of service integration and related concepts; needs of rural children, youth, and families; problems addressed by service integration; recommended policies; models that are being implemented; implications for educators; activities of the 10 regional educational laboratories; and the policy statement of the National Rural Education Association. Section 2 addresses the views of rural practitioners on the roles of rural teachers and administrators, unique strengths of rural schools and communities, barriers to service integration, services offered and not offered in rural areas, location of service delivery, target populations, planning, parental acceptance, school's role in governance, available resources, state mandates, and evaluation data. This section concludes that the success of service integration depends on financial, human, technical, and knowledge resources, as well as on creative mechanisms to overcome resource deficiencies. Section 3 discusses the role of rural teachers and administrators in planning; delineates planning guidelines; and presents information on implementation in Kentucky, New Jersey, and Delaware. This monograph contains 98 references. Appendices include funding sources; resources available from regional educational laboratories; sample survey forms for parents, students, and teachers; regional and national organizations; state, local, and university resources; audio and video tapes; and resource briefs available from the National Center for Service Integration. (JAT)

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He who destroys one life, it
is as though he destroyed
the entire world; while he
who sustains one life, it is
as though he sustained
the entire world.

-- The Talmud

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EXECUTIVE SUMMARY

One of the more promising of the proposed reform initiatives in the 1990s is the vision of schools serving as community learning and service centers. Such centers would deliver a wide array of educational, health, and social services to children, youth, and their families. This initiative, often called service integration, attempts to integrate a full scope of educational and human services through collaborations that include schools and major health and social service providers. The process implies fundamental transformation of the mission of both schools and community agencies.

The purpose of the monograph is to provide information and insights on the process of service integration, particularly as it pertains to rural schools and community agencies. The primary target audiences are rural school teachers and administrators as well as health and social service personnel who need to address a number of unresolved problems and unanswered questions. The format of the monograph, indeed, is a series of questions dealing with the concept, nature, and characteristics of service integration (Part I); the unique circumstances facing rural schools and community health and social service agencies (Part II); and planning suggestions and guidelines, steps and stages of the process, and additional questions that are being and should be asked (Part III). The major points of emphasis are briefly summarized in Part IV.

The first series of questions deals with definitions of the concept and related terms; needs of rural children, youth, and families; reasons why service integration has become so visible; problems that service integration addresses as well as some of the major problems with service integration itself; several illustrations of program effects; policies that are being recommended; models that are being implemented; implications for educators; the activities of the ten regional educational laboratories; and the policy statement of the National Rural Education Association. The section ends with the conclusion that service integration is a most attractive concept for rural schools and communities and is now politically a highly viable concept. If rural school teachers, administrators, service agency personnel, and citizens wish to move forward on this effort, now surely is the time to do it.

The second series of questions addresses what a number of educators and others are saying and writing about service integration in the rural context and how some rural practitioners respond to questions dealing with such issues as: the roles of rural school teachers and administrators, the unique strengths of rural schools and communities, barriers that need to be overcome and ways of overcoming them, the major health and/or social services that are offered -- and not offered -- in rural areas, location of service delivery, target populations, individuals and groups involved in planning, parental acceptance of services offered, the school's role in governance, the status of resources, response to state mandates, and evaluation data.

The primary conclusion in this section is that certain aspects to life in rural schools and communities clearly need to be considered in order to make service integration work. Specifically, four resource areas are identified in viewing service integration "through the rural prism." They are financial, human, technical, and knowledge resources. As a result of financial resource limitations, health and social services often are more limited than in metropolitan and suburban areas. Human resources are stretched thinly, since both school and community agency staff are more limited in number and available time. Conversely, school/community relations often are closer. Because of their smaller size, rural schools and community agencies have "to make it work," since often it is a matter of survival. Technical resources, particularly those relating to accessibility of services and transportation, are of great concern, as is the need for staff development and technical assistance in planning, implementing, and assessing service integration. With regard to knowledge resources, although rural school personnel often have considerable knowledge of students and their families and of the available community resources (or lack thereof), and although networking and communication seemingly are easier, rural school staff need to know what has worked elsewhere and what may not work as well. In short, although resources in rural schools and communities often are more limited, the educational, health, and social service needs often are extensive. Nonetheless, in order to overcome these resource limitations, a strong feeling is evident that creative mechanisms can be developed along with the appropriate team leadership, the neccessary matching of facilities to planned services, and -- most importantly -- the vision, commitment, and long hours of hard work needed for successful service integration efforts.

The third series of questions are planning related: what might rural school teachers and administrators do? what are some of the major guidelines to consider? what are some steps along the way? and what questions are being asked and should be asked? In addition, three specific illustrations are presented based on reports on the family and youth resource centers in Kentucky, visits to rural sites in New Jersey's School Based Youth Service Program, and two public forums conducted in Delaware.

It is clear that service integration is being successfully implemented in numerous rural settings and some useful lessons can be learned from these efforts. Rural school and community agency staff do not need to "reinvent the wheel," for a number of approaches for enhancing financial, human, technical, and knowledge resources are identified and program "guideposts" are available. Although rural school and community agency staff may be isolated, they clearly are not alone! Rural educators may not have resolved all of the "how to" questions, yet they undoubtedly have an expanding knowledge base on which to build. Most certainly now is the time to plan, develop, and begin to implement service integration efforts. Unfortunately, many schools -- and especially rural schools -- do not have the "political clout" to support or the capacity to deliver the wide range of human services that are so greatly needed in their communities.

In spite of limited resources, a number of rural school and community service agencies have demonstrated a variety of creative mechanisms to overcome barriers and build on their strengths. To these rural schools -- and, indeed, to all schools -- service integration can be a "blessing" rather than a "burden." Yet, as they plan, the leaders of the effort need to realize that there is no one "model" but rather a "mix" of approaches that can be creatively welded. For example, as one rural school superintendent has demonstrated, school-linked and community-based concepts can be developed under one roof. Because of their central and highly visible position in the community, rural schools are the logical candidate for assuming a proactive leadership role. Rural schools and communities appear to be willing to move in this direction. Hopefully, the combination of shared resources, vision, commitment, and hard work will make a difference between being willing and being able to meet all of the educational, health, and social service needs of rural children, youth, and their families.

INTRODUCTION

It is no longer business as usual for schools in the 1990s. Hardly a week goes by without some interest group, expert, or policymaker proposing a new strategy that boldly states: "This is what is wrong with schools, and here is what we should do to set them right." Although few of the proposed initiatives have been tested over time and, hence educators may want to reject some of them out of hand, some have great promise for improving the conditions of schools and the communities they serve.

Many of these initiatives fall under the broad rubric of restructuring, a complex, purposeful process of altering the patterns of rules, roles, relationships, and results in school systems (Corbett, 1990). One of the more promising of these initiatives is the vision of schools serving as community learning and service centers that deliver a wide array of educational, health, nutritional, day care, and related social services to children, youth, and their families. This initiative, often called service integration, attempts to integrate delivery of a full scope of educational and human services through collaborations that include schools and major health and social service providers. The process implies fundamental transformation of the mission of both schools and community agencies (Jehl & Kirst, 1992). It is, indeed, no longer business as usual for either.

Unfortunately, rural districts -- which represent nearly half of the nation's 15,123 districts -- often are the forgotten half. Due to geographic and professional isolation, rural schools often are out of sight and out of mind, even though they represent more than one-fifth (22.3 percent) of the 79,307 schools in the contiguous 48 states. Rural schools and districts currently enroll slightly less than one out of eight (11.8 percent) of the 39.9 million public school students; rural districts employ 13.4 percent of the 2.2 million public school teachers (W. L. Elder, 1992, p. 47). In short, the rural component of the public school universe is still highly significant, despite the huge outmigration from non-metropolitan areas during much of the post-World War II period.

Rural children and youth often are out of both sight and mind of many service providers. Yet, the educational, health, and social service needs are great in rural areas. The central question, then, is this: What are the unique barriers to and facilitators of the success of service integration in rural areas?

The existing studies of service integration provide practitioners with valuable basic information about what they need to know and need to do. However, they do not provide a great deal of information and insights that apply to the unique situations of rural school personnel and their colleagues in community agencies. Although not everything that applies to service integration in rural areas is different, we need to be more aware of what is different. The purpose of this monograph, therefore, is to provide information and insights for rural schools and communities interested in integrating services in order to maximize positive impact on children, youth, and their families. The primary target audiences are rural school teachers and administrators as well as their colleagues in health and social service agencies who need to address a number of unresolved problems and still-to-be answered questions. Indeed, the organizational approach of the monograph uses a question/answer format that addresses such key issues as the need for services for rural children, youth, and their families; the rationale for integrating services; the problems service integration addresses as well as problems with service integration itself; the implications for expanding the school's mission and the potentially enhanced roles of educators; and the resource strengths and limitations of rural schools and communities.

The monograph is divided into four parts. Part I provides background information on the concept, nature, and characteristics of service integration. Part II focuses on the unique circumstances facing rural schools and community health and social service agencies. Part III presents a number of planning suggestions, guidelines, steps, and questions that are being and should be asked. Part IV briefly summarizes the major points of emphasis. The monograph also contains ten appendices. Appendix A lists major funding strategies for school-linked services; Appendix B includes resources of the ten regional educational laboratories; Appendix C includes three sample survey forms for students, parents, and teachers; Appendix D lists a number of major relevant national and regional organizations; Appendices E, F, and G list several state, local, and university resources; Appendices H and I include an audiotape and a number of videotapes; and Appendix J includes resources of the National Center for Service Integration.

PART I: SERVICE INTEGRATION: AN OVERVIEW

This section presents an overview of the concept, nature, and characteristics of service integration by posing a series of questions dealing with definitions; needs of rural children, youth, and their families; reasons why the topic has become so visible; problems that service integration addresses as well as some of the major problems with service integration itself; program effects; policies that are being recommended; models that are being implemented; and implications for educators. The section concludes with [6•[6•a brief look at what the ten regional educational laboratories are doing to support service integration efforts, and the policy statement of the National Rural Education Association.

What is Service Integration?

In a 1971 memorandum on "Services Integration...Next Steps," Secretary Elliot Richardson, Department of Health, Education, and Welfare, stated:

> Services integration refers primarily to ways of organizing the delivery of services to people at the local level. Services integration is not a new program to be superimposed over existing programs; rather, it is a process aimed at developing an integrated framework within which ongoing programs can be rationalized and enriched to do a better job of making services available within existing commitments and resources. (Kusserow, 1991a, p. 10)

More than 20 years later, with support from the U.S. Department of Health and Human Services, the National Center for Service Integration (1991) was established. As in Richardson's definition, the National Center views the concept as a process; however, unlike the earlier conception, the newer definition identifies the primary services, including education.

> Service integration describes the process by which a range of educational, health and social services are delivered in a coordinated way to individuals and families.... Going beyond traditional notions of coordination and information sharing, current initiatives often involve collaboration and system reform objectives. The most ambitious efforts seek integrated delivery of a full scope of educational and human services through collaborations that include schools and major health and social service providers. (National Center for Service Integration, 1991, unpaged)

Several related terms are now entering the service integration vocabulary, for example: school-linked services -- services are provided through collaboration among schools, health care providers, and social services agencies; schools are included in planning and governing the effort; services are provided or coordinated by personnel located at schools (Center for the Future of Children Staff, 1992); co-location of services -- professionals from schools and various agencies brought together at a central site provide services that are sometimes called "one-stop shops," family resource centers, or shared service centers (Kadel, 1992); and wrap-around services -- the term comes from the metaphor of "wrapping a flexible blanket of supportive services around a person with multiple needs instead of wedging that person into a rigid program slot" (Ledwith, 1990, p. 3). The intent is to establish a "seamless" system of services.

Another vision of service integration is reflected in Florida's definition of full-service schools that attempt to integrate education, health, and/or social services in order to meet the needs of high-risk children and youth in schools or in easily accessible locations (Interagency Work Group on Full Service Schools, 1991).

The components of service integration are defined in similar ways, and there is general agreement that service integration and interagency collaboration are legitimate means of achieving positive outcomes for children, youth, and their families (J. O. Elder, 1992). Many practitioners view schools as the focal point or linchpin for such integration (Crowson & Boyd, 1993), and agree that service integration "appears to mean a commitment to finding a solution or solutions more than to announcing that one has been found and validated" (Kahn & Kamerman, 1992, p. 7).

Kadel (1992, pp. 15-16) summarizes various services that are suitable for integration:

Educational Services

- Child development/education
  - developmentally appropriate full- and half-day child care
  - before- and after-school child care
  - screening/assessment, referral, and/or programs (especially for special needs children)
  - volunteering, mentoring, tutoring, and assisting teachers

- Employment/higher education
  - career counseling and preparation
  - job-specific skills training (vocational training)
  - work experience opportunities
  - job readiness and placement assistance
  - college admission and financial aid counseling

Health Services

- Health and nutrition
  - early and periodic health screening and follow-up
  - as-needed medical care and referral
  - mental health care
  - prenatal and postnatal care
  - family planning services
  - immunizations
  - needed meals and clothing for children
  - nutrition counseling for families

Social Services

- Family support
  - parent education
  - crisis intervention
  - adult literacy programs (basic skills instruction)
  - home visits
  - family counseling

- Social/legal
  - public assistance eligibility or provisional services
  - substance abuse, delinquency, pregnancy, and AIDS prevention
  - child welfare/protective services
  - legal services

    - housing assistance/referrals
    - juvenile justice services

- Recreation
    - playground programs for children
    - athletic programs for youth
    - social activities for families

- Practical assistance
    - transportation to the center or other service sites
    - child care when parents attend school- or center-sponsored events
    - bilingual interpreters for families and service providers.

Ideally, communities would have such an array of services available and integrated in ways that maximize the impact on the intended target groups.

Why are Services for Rural Children, Youth, and Families so Greatly Needed?

Congress has proposed a number of bills focusing on service integration. For example, both Senate Bill 98 (1993, pp. 1-3) and H.R. 520 (1993, pp. 1-3) relate these critical findings: (1) growing numbers of children live in social and economic environments that greatly increase the risk of academic failure; (2) more than 20 percent of America's children live in poverty, while at the same time the infrastructure of support for such children has greatly eroded, e.g., 40 percent of eligible children do not receive free or reduced-price lunches or benefit from food stamps, 25 percent are not covered by health insurance, and only 20 percent are accommodated in public housing; (3) many at-risk students suffer the effects of inadequate nutrition and health care, overcrowded and unsafe living conditions and homelessness, family and gang violence, substance abuse, sexual abuse, child abuse, involuntary migration, and limited English proficiency that often create severe barriers to learning; (4) almost half of all children and youth live in a single parent family for some period, resulting in greatly reduced parental involvement in their education; (5) high proportions of disadvantaged and minority children live with never married or teenage mothers who have extremely limited resources for early childhood development; and (6) large numbers of children and youth are recent immigrants, or children of recent immigrants, with limited English proficiency and significant unmet educational needs.

Similarly, in H.R. 1677 (1993, p. 2), Congress reports: (1) one in five children entering school live in poverty; (2) students from poor families are three times more likely to drop out than students from more advantaged homes; (3) nearly 40 percent of the females who drop out do so as a result of pregnancy; (4) the percentage of women with children under six who are working or seeking employment outside the home has nearly doubled since 1973; (5) more than eight million children have no form of health insurance; (6) more than 70 percent of the children who need psychiatric treatment do not receive it; (7) children who are victims of child abuse, poverty, malnutrition, lack of health care, alcohol and drug abuse are at risk for failure; and (8) without health and social intervention, at-risk children often are unable to improve academic performance.

Although the Congressional findings are shocking, we have to turn elsewhere for an indication of the rural crisis, and that is precisely what it is, a major and often unrecognized crisis. The data reported by the Children's Defense Fund (CDF) in Falling by The Wayside: Children in Rural America (Sherman, 1992, pp. 33-34) are less than encouraging:

- One-fourth of poor children live outside metropolitan areas. In 1990 there were 3.4 million poor children living with their families in rural America and 13.4 million poor American children overall.

- Rural areas have higher child poverty rates than metropolitan areas. If rural children had the same poverty rate as metro children, there would be fewer than 3.0 million poor children in rural areas instead of 3.4 million.

- By age, poverty is especially widespread among younger rural children. The rural/metropolitan gap in poverty rates is especially pronounced for this vulnerable age group. Of all rural children younger than six, 26.7 percent were poor in 1990 (compared with 22 percent in metropolitan areas).

- Rural children, like all American children, are far more likely than adults to be poor. Black and Latino children are far more likely than white children to be poor, whether in rural or metropolitan areas.

- Because of the low and falling rural wages...poor rural families are especially likely to be among the working poor. A majority of all poor families in the U.S. (57 percent) had at least one member who worked in 1987; in rural areas, even though one or more family members worked, an even larger proportion of families (65 percent) were poor.

Other data in the Children's Defense Fund report indicate that rural childrens' poverty currently is higher than in the 1970s; rural living is not much cheaper than living in metropolitan areas; two-fifths of all young rural children with single mothers live on family incomes of less than half the poverty level; one-third of all rural African-American children live on family incomes of less than half the poverty line; rural children suffer more than their share of long-term poverty; poverty rates for African-American children are higher in rural areas than in cities; the majority of poor rural children do not receive Aid to Families with Dependent Children; and Medicaid fails to reach half of the poor rural children. Other major CDF findings scattered throughout the report relate to health, child care, early childhood education, and other educational and social problems, for example:

- A full range of readily accessible medical care is not available to many rural children and families; rural children are more likely than metropolitan children to have health insurance coverage; rural areas have a smaller supply of health professionals and clinics; and rural areas lack access to specialized health care providers and hospitals (pp. 75-84).

- Rural families have as much need as metropolitan families for child care; the shortage of child care appears to be even worse in rural areas than in the rest of the nation; rural children are much less likely to be in early education programs; affordability and transportation problems hinder rural families' access to child care; indications are that rural child care may be of inferior quality, based on staff training and credentials, child-to-staff ratios, and proportion of care that is regulated; and the inadequate supply and quality of child care heightens the risk of future problems for children (pp. 94-99).

- Rural communities are not immune to problems of drugs and safety in schools (p. 112).

- Rural youth are more likely to be school dropouts than students in metropolitan areas; rural dropouts are less likely than metropolitan dropouts to return to school (pp. 112-113).

- Thousands of rural children are homeless (p. 130).

When one juxtaposes the CDF rural data with the data cited in the proposed federal legislation, a more complete picture of the needs of all of America's children, youth, and families emerges. However, many people have visions of a better world. Perhaps none is more poignant than Holden Caulfield's. Holden pictured himself standing by a cliff all day catching little kids as they start to go over the edge. Yet, in spite of that marvelous image, one does not have to rely on fictional visions to tell us that the safety net all too often is missing for many children and youth, whether they live in cities, small towns, or rural areas. Indeed, many are sailing on some very rough seas. As the child's quotation on the cover of Falling By The Wayside (Sherman, 1992) so eloquently states, "Dear Lord, Be good to me, the sea is so wide and my boat is so small." Perhaps we are "falling by the wayside" when we should be "catching in the rye."

Why has Service Integration Become so Visible?

Service integration is becoming highly visible. Part of the stimulus undoubtedly stems from the National Education Goals, particularly Goal One: Readiness for School -- by the year 2000, all children in America will start school ready to learn (National Education Goals Panel, 1991). Goal One's main objectives include these points: that all disadvantaged and disabled children should have access to high quality and developmentally appropriate pre-school programs; that every parent should devote time daily helping his or her pre-school child learn; that parents should have access to needed training and support; and that children should receive nutrition and health care so they arrive at school with healthy minds and bodies. The latter point particularly is linked to service integration.

Many states are now calling for some type of interagency collaboration. For example, the Governor of Delaware, Thomas Carper, has created a cabinet council of several state departments to coordinate social service efforts, make services more available through schools, and establish a wellness center in every high school, and a counselor at every elementary school to coordinate services (Policy council would coordinate service, 1993).

Governor Carper is not alone in recognizing this important issue. Many educational leaders envision "an entirely new framework, fundamentally and profoundly different" that "does not tinker" but "rebuilds boldly" (Commission on Chapter 1, 1992, p. 7). The framework proposed by the commission challenges educators to establish high educational standards, including those relating to the integration of health and social service. Its statement supporting integration is as follows:

> Everyone knows that when children are ill, or hungry, or in other kinds of distress, it is harder for them to do well in school. Dealing fully with these external barriers to learning is beyond the purview of an aid-to-education statute, but the Commission calls for a start by enabling schools to use Chapter 1 resources to coordinate the provision of health and social services and by asking that Governors of the States accept responsibility for preparing a plan to eliminate health and social barriers to learning. The Framework also ...encourages State and local education agencies to promote co-location of social and health services at school sites....(p. 13)

Professional Interest

A number of professional associations have spoken out on the importance of integrated services. For example, the American Association of School Administrators (1993) supports the position that school districts should be able to allow Chapter 1 designated sites to employ federal funds more flexibily (with the exception of PL 94-142 monies) if the sites wish to serve the educational, social, health, and nutrition needs of children from disadvantaged backgrounds. The association has called on Congress to authorize demonstration grants to ascertain the efficiency and effectiveness of serving the mental, social, and physical health of pre-school children at integrated sites.

The National School Boards Association (1993) also identifies schools as the logical sites for collaboration and indicates that it is pleased that so many school boards are addressing social and educational problems by developing closer working relationships with other agencies in order to provide unified and comprehensive services to meet the special needs of at-risk students and their families. The association recommends that school boards form partnerships with city and county governments that are willing to contribute financial and human resources (School Board News, April 27, 1993).

The National Association of State Boards of Education (nd) contends that whether schools provide services directly or link with others who can provide services, they will have to structure themselves to provide leadership in assuring that students have access to needed health and social services. The National Association of State Boards of Education (1992) also has established a National Consortium on Collaborative Services to work with the federal government to achieve prevention-oriented, family-focused, and flexible service delivery. Participating consortium states intend to confront collectively many issues that "make or break" interagency initiatives. Although the consortium currently is comprised of California, Florida, Kansas, Michigan, Washington, and West Virginia, it is open to applications from other states. Participants in consortium activities are cabinet officials, their key aides, governors' staff, and others whose participation enhances consortium objectives. Lastly, the association has established the National Task Force on School Readiness that has attempted to extend the definition of school readiness by acknowledging that readiness is more than academic knowledge and is based on children's physical health, self-confidence, and social competence (National Association of State Boards of Education, 1991).

The National Education Association (1993) has passed a series of resolutions dealing with child welfare issues, including one that supports the position that the components of comprehensive health, social, and psychological programs be coordinated within and between schools, homes, and community settings; that there be integrated efforts to promote the well-being of children and youth that build support for school and community health programs; and that school staffs, parents, students, and community agency staff must be involved in planning, implementing, and coordinating services.

Federal Interest

A renewed interest in service integration is apparent at the federal level as well. For example, at the final meeting of the National Summit on Children and Families (National Commission on Children, 1993), Senator Rockefeller, the Commission's Chairperson, described the event as a "passing of the torch" to federal, state, local, and public- and private-sector leaders to carry out the vision of enhanced services to children and families.

Most importantly, the federal interest has reached Congressional offices. In 1993, Senator Bradley introduced S. 98 (1993), and several House members introduced the companion bill, H.R. 520 (1993), intended to establish a "Link-up for Learning Program" to provide coordinated services for at-risk youth. The purpose of both bills is to provide demonstration grants to eligible recipients to improve the educational performance of at-risk students by (1) removing barriers to students' learning; (2) enhancing the effectiveness of educational support services; (3) replicating and disseminating high quality programs; (4) increasing parental education; (5) improving the capacity of schools and agencies to coordinate services; (6) integrating regulations, data bases, eligibility procedures, and funding sources when possible; and (7) focusing resources on prevention and early intervention. The legislation would foster planning, coordination, and collaboration among local, county, state, and federal educational and other service agencies and government agencies, nonprofit organizations, and the private sector by identifying and removing unnecessary regulations, duplicated services, and obstacles to coordination; improving information exchange; creating joint funding pools or resource banks; providing cross-training of personnel; and increasing parental and community involvement.

Shortly after these bills were introduced, H.R. 1527 (1993) was presented to amend the Elementary and Secondary Education Act (ESEA) by providing coordinated services to students and their families. The proposed legislation would authorize grants to local school districts to conduct model programs. Funds would be available for eligible schools and, in some cases, schools in partnership with community-based organizations to provide such services as hiring a services coordinator, making minor building renovations, and purchasing equipment. Programs tailored to meet community needs would include the coordinated provision of nutrition assistance, health care, housing assistance, drug and alcohol prevention or "rehab" services, education and training, and energy assistance.

The legislative agenda -- fortunately -- is becoming crowded, since a number of Congresspersons introduced still another bill, H.R. 1677 (1993). Some of the bill's introducers were from Florida. Hence, the bill is called the "Full-Service Schools Act" that reflects the name of Florida's program. The Act, similar to the others, would integrate delivery systems to provide education, training, health and human services to at-risk children at accessible locations; to achieve systemic reform at the federal, state, and local levels and restructure delivery at the local level; and to improve the educational performance of at-risk children. An LEA receiving funds would develop or expand programs to reduce dropout and teenage pregnancy rates, increase the number of students who return after dropping out, improve access to primary health care, increase family literacy, and reduce the number of children in unsupervised settings before and after school and during holidays and summers. LEAs could develop job training and employment services, homework assistance, after school programs, mental health and family counseling, nutrition education and services, health care services, bilingual education programs, parental training programs, and adult literacy programs.

Another bill, H.R. 1793 (1993), would amend the ESEA in order to plan, develop, coordinate, acquire, expand, or improve school-based or community-based education support services through a variety of approaches. Twelve specifically authorized uses of funds are elaborated. In awarding grants, the administration would give special consideration to the geographic distribution of awards, including urban and rural districts and districts with high proportions of at-risk students.

Still another bill, S. 1990 (1994), would award grants to rural and inner-city schools or consortia to enable them to plan, implement, and/or expand projects that benefit the educational, health, social service, cultural, and recreational needs of a rural or inner-city community. The programs would need to include not less than four of the following activities: literacy education; senior citizen programs; children's day care; integrated education, health, and social services or recreational or cultural programs; summer and weekend school programs; nutritional programs; expanded library service; telecommunications and technology education; parenting skills; training for child day care providers; employment training, counseling, and placement; services for those who leave school before graduating; and services for the physically or mentally challenged.

Although none of these bills has been enacted to date, other proposed legislation (such as the ESEA and the Community Enterprise legislation) has begun to incorporate flexibility regulations as well as waiver opportunities in order to loosen the strict utilization of categorical funding. Indeed, a portion of ESEA funds (likely not to exceed 5%) will be available for coordinated services.

In addition to the "political" rationales, the following additional reasons can be discerned behind the growing interest of educators in service integration: accessibility, inseparability, shared responsibilities, and early childhood interventions.

Accessibility

The most frequently heard argument in support of service integration is that schools are the one geographically accessible place where children and youth come every day. Rural schools, particularly, are natural, neutral, (and, hopefully, positive) gathering places for children and families (Kadel, 1992). Also, having a single, central point of access in non-threatening settings should result in meeting the needs of children and families (Dolan, 1992). Moreover, schools are the most enduring and, in many rural areas, the most dominant community institution. As Tyack (1992) illustrates, schools have a considerable history of providing certain health and social services.

Schools already provide a number of noneducational services, thus positioning themselves to furnish an even broader range of services with less stigma to children and families with the greatest need (Kahn & Kamerman, 1992). Schools generally have effective systems of access and outreach, often are the place where children's needs are first recognized, have better information and data on children, and often realize the need for collaboration more quickly than anyone else.

Inseparability

As much as educators like to classify, categorize, and codify, one simply cannot dissect children as if they were laboratory frogs. One simply cannot disengage the school from the community, the single family member from the entire family, affective from cognitive goals, or short-term needs from long-term problems. Nor can one separate caring from educating, even though some teachers may find it difficult at times to merge these two responsibilities (Crowson & Boyd, 1993).

Many educators approach education holistically. John Dewey, for instance, attempted to break down the dualisms between education and experience, education and social democracy, and school and society. Each concept, he argued, is inseparable. Hence, the educational aims of Dewey and others stress a close linkage of social, psychological, vocational, moral, and civic responsibilities (Ornstein & Levine, 1989).

Many observers now assert that the goals that educational and social service reform have set for themselves cannot be realized separately since the spheres are too closely connected (Liontos, 1990). Others confirm that the problems faced by children and families are simply too large and complex to be taken on by one system only (Levy & Shepardson, 1992). This rationale is precisely summed up by Jehl & Kirst (1992), who believe that comprehensive service systems for children and youth cannot be established without the participation of the school, nor can schools meet children's comprehensive needs without the participation of other agencies.

Shared Responsibilities

Increased focus on school-linked integration is due, in part, to the current emphasis on the accountability and responsibilities for educational outcomes and improving student achievement. For example, the National Education Goals address the goals of readiness to learn, responsible citizenship, productive employment, and a drug-free and violence-free environment (National Education Goals Panel, 1991). Many of these goals cannot be achieved without the cooperation of and collaboration with other agencies. As a group of Canadian educators reason, "...before we look at who else is responsible, perhaps we, as educators, should reflect on our own mandate" (Alberta Education Response Centre, 1991, p. 3). They conclude that the school's mission is to ensure that all children and youth receive the best possible education and that can be accomplished only when education is viewed as a shared responsibility.

Early Childhood Interventions

As noted, the first of the National Education Goals is that by the year 2000 all children in America will start school ready to learn. This goal reflects a growing recognition of the importance of early childhood education and its relevance to service integration.

Twenty-three organizations devoted to the well being of young children and their families have formed the Caucus on the Needs of the Youngest Americans (Preschool-to-School Linkage Transition Conference, 1993). The Causus recommends that the federal government address three challenges: insure that all services are coordinated to meet the interrelated needs of young children and their families; insure that every young child receives high-quality care, regardless of the setting; and help schools respond more appropriately and effectively to the needs of young children and their families.

In the Caucus conference report, Sharon Kagan of Yale University's Bush Center argues that early childhood education is no longer considered trivial; on the other hand, she points out that we seem to be pinning our hopes on early intervention as a way of preventing illiteracy, drug abuse, crime, and dropping out of school. Kagan suggests that success in the early years requires that all players cooperate to provide continuity in children's learning experiences while attempting to meet their health and social service needs.

To assist the early childhood community in providing continuity for young children (from birth through age eight) and their families, the Regional Educational Laboratory's Early Childhood Collaboration Network (in press) has developed a framework that includes: family, school, and community partners sharing leadership and decision making; a continuum of family-focused, comprehensive, integrated services; policies, programs, and practices that demonstrate the education, involvement, and empowerment of families and that demonstrate sensitivity to the culture and language of children and their families; ongoing communication among adults responsible for children's care and education; coordinated staff development; developmentally appropriate and culturally sensitive curriculum, instruction, and assessment; and documenting and reporting outcomes that are used to refine and/or expand linkages.

Other Considerations

Several other rationales support the schools' increased involvement in service integration. For example, since integration can open up a new complement of resources such as new staff skills and new knowledge, the use of resources can be maximized; competition for scarce financial resources can be reduced; professional stimulation, cross-fertilization of ideas, new perspectives, communication, and understandings can be promoted; and duplication and fragmentation of services can be reduced since participants no longer are treated as a collection of unrelated problems (Alberta Education Response Center, 1991; Kadel, 1992). In short, educators in both Canada and the United States increasingly are coming to accept their roles in providing services needed by children, youth, and their families. Although many are "buying in," it is not always an easy sell.

What Problems does Service Integration Address?

A number of related problems exist in the current delivery system which service integration is intended to address. Some of these problems are longstanding. For example, over 20 years ago, a U.S. Department of Health, Education, and Welfare task force identified size and complexity among the major obstacles, including the inordinate number of doors to open and keys to open them, the mass of paperwork, complex human interactions, time to develop and implement plans, and funding uncertainties (Kusserow, 1991a). While many doors are now being opened, including school doors, a number of analysts indicate that several barriers still exist that relate to program fragmentation, duplication, and rigidity.

Federal Analyses

In the federal announcement of a service integration program, Gerry (1991) identified six problem areas: (1) because of the absence of a single point of entry, children and families often are unable to access available services; (2) as a result of the often rigid categorical programs and the failure to involve families in defining needs and priorities, family needs are not approached holistically and a continuum of services is not created; (3) uncoordinated planning and incompatible program structures and procedures (e.g., location, service hours, and assumed literacy) impede services and enhance role fragmentation; (4) as a result of conflicting goals, eligibility criteria, and administrative procedures both within and among programs, children and families are discouraged from seeking needed services; (5) disincentives in some categorical programs discourage or penalize efforts by children and families to assume responsibility, often by terminating needed services; and (6) as a result of the fragmentation of responsibility for planning and the absence of a single point of accountability across systems, needed services are often delayed, inappropriately interrupted, or terminated.

Senate Bill 98 and H.R. 520 recognize these similar concerns: (1) services for at-risk students are expensive, overregulated, often ineffective, and often focused on narrow problems rather than on needs of the whole child and family; (2) school personnel and other service providers often lack knowledge of and access to available services, are constrained by bureaucratic obstacles, and have few resources or incentives to coordinate services; and (3) teachers, social workers, health care givers, and other service providers are trained in separate institutions, practice in separate agencies, and pursue separate professional activities that provide little support for coordinated services.

The analysis of the U.S. General Accounting Office (1992) includes these issues: (1) needed services are difficult to access since clients often must travel to multiple locations and undergo multiple assessments; (2) specialized services are not available in every geographic area (e.g., rural areas); and (3) services often lack continuity and are not sufficiently attentive to long-term needs.

Melaville's Analysis

Melaville, with Blank (1991), suggests that (1) many services are crisis-oriented, reactive, and designed to address problems that already have occurred rather than offering support to prevent problems from happening; (2) children and family problems often are divided into categories that do not reflect interrelated causes or solutions; and providers may focus on single solutions rather than the range of situations that contribute to the problems; (3) lack of communication between public and private agencies can result in providers concentrating on what they are able to provide rather than on what children and families need; (4) specialized agencies often have difficulty developing comprehensive solutions; and (5) agencies are insufficiently funded to provide prevention, support, and treatment.

Kusserow's Analysis

Several problems also have emerged from an organizational theory perspective (Kusserow 1991a). Although professionalization, specialization, and bureaucratization reflect advances in applying knowledge, they can contribute to inflexibility by generating mind-sets that are unreceptive to service integration. Such attitudinal barriers can be significant constraints. Kusserow also contends that the lack of available and conclusive data about the effects of service integration exerts one of the most significant barriers to service integration and that several major federally-funded research efforts "have fallen far short of their own stated intentions to contribute to the service integration knowledge base" (p. 8).

Morrill's Analysis

William Morrill (1992), Executive Director of the National Center on Service Integration, provides another perspective by suggesting that the greatest failures are the ineffectiveness in serving children and families with multiple problems and that the current system is too strongly skewed toward remediation rather than prevention. Morrill points to several related problems. For example, access is the main difficulty in that every provider has eligibility rules regarding whom it will serve and under what circumstances; although rules are appropriate to particular programs, they may be inconsistent from one agency to another. Access also is impeded in situations calling for transportation to needed services. Secondly, specialized case management may mean that a child only receives service for the most pressing problem, thereby restricting the diverse support that is needed. Thirdly, follow-up support often is weak since outreach services may or may not be part of the program; follow up on referrals also can be prefunctory. Fourth, narrowly conceived credential requirements can hamper effective service delivery, e.g., health centers at schools may find it difficult to get certified for reimbursement from insurance programs if they do not meet the programs' staffing requirements. Also, such professional culture limitations as specialized language and sterotyped attitudes can impede collaboration. Lastly, confidentiality requirements can make it difficult to share appropriate information.

Analysis of these issues led Morrill and Gerry (1990) to suggest three hypotheses: (1) integration and coordination of services will lead to increased access and use of needed services and, thus, to improved life outcomes; (2) sharing and the avoidance of duplication arising from integration and coordination (e.g., consolidated intake and problem diagnosis) will lead to improved efficiency and cost reduction as well as improved client outcomes; and (3) schools as central institutions in the community provide an important, if not critical, organizing focus for integrating services. The third hypothesis does not necessarily assume that schools need to operate all services but that the use of the physical facility and the cooperation of the administration are critical.

What are Some of the Major Problems with Service Integration?

In addition to the problems service integration would address, several problem areas exist within service integration itself, including "turf" problems, funding limitations, and governance issues.

Turf Problems

Non-cooperation or conflict between (and sometimes within) organizations with seemingly common interests can occur for several reasons, many of which relate to the perceived effect on power. For example, an organization perceives others as direct competitors for resources; an organization perceives the "marginal cost" in money, time, or energy greater than the perceived benefits; and an organization may not be able to modify its own goals in order to adopt the course of action being proposed by the broader coalition (Siek & Hague, 1992). "Turf" problems, according to Siek and Hague, also can occur due to the lack of knowledge or mistrust if one agency feels a relationship is inequitable or unilateral or it has little decision-making impact. Conflicts can and do occur over goals, resources (e.g., shared staff, supplies, or facilities), geographical area representation, ownership of a particular technology, and/or public perceptions.

Funding Limitations

Funding limitations pose serious problems since service integration sometimes is viewed as an "investment" with potential long-term impact. Although such resource investments are needed to establish joint client information systems and case management arrangements, investment capital has been available only on a limited basis (Kusserow, 1991a). Kusserow maintains that because service integration efforts do not necessarily contribute substantially to reduced short-term service costs, funding limitations are a constraint to initiating and continuing integration efforts.

Three major impediments imposed by the current funding scheme are categorical funding, the crisis orientation, and the lack of a universal entitlement approach (Farrow & Joe, 1992). Farrow and Joe point out that one of the problems is that there have been few attempts to reconcile separate funding strands as part of an overall state-level or community-level strategy. Funds often are available only as a response to, rather than a preventive mechanism for, diagnosed problems. Farrow and Joe propose school-linked efforts that provide services not as emergency measures but rather as supports that help children and youth enter their next developmental phase with minimum difficulties. They, therefore, call for school-linked programs to use funding sources available only for crises to support services that are available as part of a child's or family's day-to-day life and that are accessible to families who need them. Few social services, they argue, are funded to achieve broad coverage of vulnerable populations. Social service funding, in fact, often is exclusionary in that it may "define out" many families through highly targeted eligibility criteria. Whereas educational and health funding can provide a wide funding base, Farrow and Joe observe that social service funding appears to be more limited since it can pay for portions of school-linked programs for some children and youth but rarely for underlying core services.

Governance Issues

Some observers, such as Levy and Shepardson (1992), believe that it is rare to find a *school-linked service effort that is exclusively under the direction of a school authority.* Nonetheless, they hold that some linkage to school governance is necessary if the effort is to be well integrated. Others, such as Gardner (1992) and Chaskin and Richman (1992), question the desirability of school-linked governance approaches.

Gardner's position essentially is that the issue of governance cannot be avoided even if the school's role is not preeminent. However, he poses that schools need to take the initial leadership because they have greater access to children and youth than other service agencies, have better data, and often realize more quickly the need for interagency cooperation. Yet, for several reasons, it is difficult for a school-directed governance system to operate school-linked services successfully, namely, the difficulty of attracting agencies' funds if schools are seen to be in charge; the difficulty of structuring the hierarchy so that staff from other agencies report only to school personnel; the possibility that only a limited number of agencies will come under school management rather than the broad array that can be attracted to more widespread partnerships; the need for space that many schools face, which may mean that school-linked programs must use agencies' facilities; and the challenges in responding to the major task for which schools are responsible, namely, improving academic achievement.

Gardner also sees a more subtle problem. If school leadership is seen to "own" an interagency partnership, others may step back. Although they may continue to provide staff, they might do so with less experienced personnel and might describe the operation as "that school project" rather than as a co-equal partnership. To Gardner, three options exist: letting an existing public agency (typically the schools) run the school-linked services, setting up a new nonprofit agency, or establishing a consortium that is "co-equal, more or less" (p. 91). Although a "co-equal, more or less" operation can be difficult to design and manage, horizontal partnerships that depend on, rather than control, each other are feasible as long as each agency realizes that no one "owns" the process.

In a highly thought-provoking essay, Chaskin and Richman (1992) raise several reservations about "educentric" (school-centered) programs and various concerns about linking any service model primarily or even exclusively to a single institution. They pose four arguments. The first is the danger of overempowering a single institution, including schools, since this could cause services to conform primarily to one institution's priorities. The second is the relationships some children and families have with schools. For some disenfranchised persons, schools might be the last place they would turn for help, since they often perceive schools as unfriendly institutions and associate them with their own failings. Moreover, a number of disenfranchised persons are no longer in schools, having dropped out and, hence, are no longer easily accessible. The third argument is the reasonableness of schools to take on nonacademic tasks, coupled with the argument that nonschool voluntary programs can serve as the alternative or complement to the school's role in service integration.

Chaskin and Richman's fourth argument -- the position of the school in the larger community -- has a good deal of relevance to the rural context. The argument is that the school-centered model assumes a correlation between the school's catchment area and resident communities when in reality the community assumed by the school model may not always correspond to the social spheres in which children live. Several factors may work against the correlation between the school and the residential, familial, religious, and informal activities that make up a child's life. Such factors include schools that serve low-density geographic areas that are attended by students from several communities and busing practices that utilize a unit larger than the local community. Moreover, children may identify more strongly with the friends, clubs, and out-of-school activities that provide the important contexts for their social lives. Since they may look to these sources for support, services provided through a school-based model may be more difficult to access than those provided by community organizations.

Chaskin and Richman's alternative is a community-based model that incorporates diverse services, governances, and institutions, and facilitates their working in a collaborative way without being centralized in any one institution -- including schools. However, the alternative, a joint governance structure, would include the school as one of many service providers.

To sum up, several of the major concerns about the schools' role are as follows: co-locating services alone will not ensure coordination; schools do not necessarily need to lead interagency efforts and, in fact, a school-directed model can limit the extent of another agency's involvement if the school is considered "in charge;" health and social service professionals may be relegated to the periphery and not be considered an integral part of the teaching-learning process; schools do not have staff trained to deliver social services and most staff, especially teachers, already are overworked; and schools should not be expected to solve society's problems.

In spite of the wide array of problems that service integration attempts to address and the various problems with service integration itself, many educators are moving in the direction of some type of integration: school-linked, community-based, or -- in some cases -- a synthesis of the two.

What do We Know about the Effects of Service Integration?

In this section, the focus is on potential program outcomes and illustrative program evaluations.

Potential Program Outcomes

Evaluation can provide valuable information about how to implement programs by identifying areas where goals are being met, where programs should be modified, and whether the approach is worth the effort. Perhaps the most complete overview of potential program outcomes thus far has been provided by Gomby and Larson (1992), who have established a standard by suggesting general and specific outcomes for students, families, communities, and the service system itself.

The general outcomes suggested by Gomby and Larson deal with (1) the student (e.g., school achievement, teen pregnancy, social skills, cardiovascular fitness, mental health, drug/alcohol/cigarette use, and job placement); (2) the family (e.g., child abuse and neglect, home environment, parent-child interaction, the connection with community institutions, and parental cardiovascular fitness); (3) the community (e.g., the media, teen pregnancy, child abuse/neglect, school dropouts, unemployment, and advocacy for children and families); and (4) the service system (e.g., utilization of services, costs, interagency collaboration, and streamlined procedures). Within each of these broad categories, a total of 63 specific outcomes are specified.

An Overview of Program Evaluation

Evaluations of service integration, particularly school-linked efforts, have been sporadic. Although a number of recent programs have collected information about what services were provided and for whom, few have gone beyond this to learn more from the process and to determine whether the efforts made any difference (Center for the Future of Children staff, 1992). Although testimonials and anecdotal claims to success have been reported, Crowson and Boyd (1993) indicate that little "hard evidence" exists to date that documents significant gains in either education or child/family welfare as a consequence of the investments. Nevertheless, some important information and data are available.

Crowson and Boyd's analysis. Evidence suggests that integration efforts often face problems of institutional differences, communications, resource constraints, and leadership. Crowson and Boyd (1993) cite a Syracuse University evaluation from the early 1970s in which the evaluators concluded increased costs could be brought about by the changes needed in restructuring delivery systems. They report evidence of administrative and bureaucratic problems relating to the fear of loss of autonomy among heads of agencies as well as examples of what they term "bureaucratic immobility" (p. 153). Crowson and Boyd also report more recent mid-project evaluations that indicate that most interventions have not fundamentally changed the ways schools work or addressed the root causes of school failure; for example, such add-on efforts as extended day programs have not resulted in significant changes in the schools themselves, in the schools' relations with parents, or in the students' achievements. However, they do report evidence of an improved capacity to share information about, and to track the progress of, students.

They also acknowledge that since many of the recent efforts of the late 1980s and early 1990s are still in their formative stages, results are tentative. Nonetheless, they have gleaned several important insights from both the early and more recent assessments, namely, that cost savings should not necessarily be expected; that coordination can be difficult organizationally due to legal complications, bureaucratic immobility, and turf and communications problems; and that the deeper structures of schooling (e.g., fundamental ways in which schools work, role interpretations, and procedural relationships) have been unaffected for the most part.

General Accounting Office (GAO) studies. The U.S. General Accounting Office (1992) examined three initiatives: Part H of the Individuals with Disabilities Education Act, the Annie E. Casey Foundation's Child Welfare Reform Initiatives, and Project Head Start. The first two are examples of "system-oriented" efforts; Head Start and local components of the Annie E. Casey initiatives illustrate "service-oriented" efforts. The results, summarized from the GAO report, are as follows:

- System-Oriented Initiatives

  Problem: At-risk families have difficulty identifying and accessing human services to meet their multiple needs in a fragmented system in which agencies operate independently and do not deliver comprehensive services.

  Goals: Develop new service delivery structures and approaches, create new services, and eliminate conflicting program requirements.

  Solutions: Part H and Annie Casey attempted to create new organizational structures, develop multi-agency service plans, and develop multi-agency budgets.

  Results: Neither initiative gained commitment from necessary agency officials, obtained key officials' consensus on problems and solutions, or created the necessary administrative structure to oversee the effort.

- Service-Oriented Initiatives

  Problem: Same as above.

  Goals: Link clients with existing services through co-location of providers and case managers.

  Solutions: Head Start and the local Annie E. Casey efforts linked clients to available services and delivered multiple services to meet client needs by using case managers to create individualized service plans and by developing agreements among service providers.

  Results: Both efforts convinced service providers of the need to coordinate, reached agreement on goals of the initiative, and created administrative structures to implement change.

The report concludes that the broad system-oriented efforts faced many obstacles, met with limited success, altered only marginally the way agencies planned or financed services, and generally have not developed a comprehensive care system. The less ambitious service-oriented efforts were able to link at-risk families to services programs, provide a combination of health and other supportive services, and improve communication and cooperation among providers. Service-oriented efforts, such as Head Start, have been more able than system-oriented efforts to improve at-risk families' access to health and social service. Focused at the point of delivery and adapted to local conditions, these efforts are a practical approach to improving service delivery in several instances.

More recently, the U.S. General Accounting Office (1993) studied ten school-linked human services programs that appeared repeatedly in the literature and were among the most widely recognized models nationally. They concluded that no two are exactly alike and that each is shaped by the unique needs of students likely to use the program as well as community preferences and attitudes about the services offered. Nonetheless, despite the variety of models, strong leadership was a common characteristic of the programs reviewed. The programs also were similar in the following ways: program staff valued the views of school staff and called on them to identify troubled youth; programs used interdisciplinary teams or persons other than school staff to connect students with a range of services that addressed multiple needs; and program staff followed up with students, their families, and service providers to ensure that services were obtained and helpful.

The GAO assessment indicated that some programs increase the likelihood that at-risk students will remain in school. Of the six programs identified with impact evaluation data, five reported positive effects on dropout rates, absenteeism, and academic achievement. The study also noted that among the evaluative issues yet to be addressed are the short- and long-term costs and benefits of various types of school-linked programs and their relative cost effectiveness compared with other dropout prevention strategies. Because of the scarcity of impact evaluation, the study did not determine the circumstances in which certain types of school-linked programs would be most appropriate.

Kusserow's studies. In his survey of thirteen (non-school) social service agencies, Kusserow (1991b) reports that all thirteen reported (i.e., self reported) that integrating services has had major benefits for clients and has been a major factor in their success; services are better coordinated and more convenient, accessible, and comprehensive; clients are more willing to be helped; and integration requires additional resources. Initially, all but one of the agencies required one or more of the following resources: more staff time to plan and coordinate additional services or work with other systems, more counseling staff due to the intensity of case management, and more physical space and computers. While integration required more of some resources, it frequently decreased the need for others. Several agencies reported that service integration reduced the amount of time staff spent on making referrals, eliminated duplication of services, allowed space to be used for multiple purposes or several agencies to share equipment, and allowed agencies to take advantage of unused free space in another organization's building. Kusserow also indicated that service integration yields several long-term benefits in that all thirteen agencies believed that the cost of providing comprehensive, integrated services is justified because it prevents more costly problems such as out-of-home placements, delinquency, teen parenting, and substance abuse. Elsewhere, Kusserow (1991a) concluded that service integration does not appear to be applied everywhere with equal success, that organizational networks must be adapted to local environments, and that linkages have been established more readily in stable rural environments.

Morrill's study. The following findings (cited in J.O. Elder, 1992, p. 16) are summarized from a study of nine collaboration sites conducted by Morrill and his colleagues: (1) the most far-reaching programs saw themselves as instruments of systemic change as opposed to simple projects; (2) coordinated programs require considerable planning time -- 12 to 24 months; (3) most successful programs provide as wide an array of educational, social, recreational, behavioral, and mental and physical health services as their resources permit; (4) the character of intake (the case management system) provides clues to the commitment level of service providers; (5) whether more or less intensive case management is the most effective strategy remains an important research issue; (6) recognizing that some highly specialized services must be delivered at secondary locations, most of the programs are making efforts to provide a number of services at the primary delivery point; (7) there appears to be no problem with basing programs at non-school locations as long as they are accessible; (8) client-centered programs tend to keep clients in the accountability structure; (9) the commitment of providers whose services are central to the program is crucial to the early success of the effort; and (10) although political support is helpful and eventually necessary, the support of leaders of service-providing organizations with authority to reallocate resources is crucial.

The Appalachia Educational Laboratory (AEL) studies. The Appalachia Educational Laboratory (1992) has studied various aspects of the Kentucky Education Reform Act (KERA) of 1990, including family resource and youth services centers created by KERA to help students and families deal with problems interfering with student learning. AEL reports that teachers who were interviewed generally viewed the centers positively, although some expressed concern that schools are taking on too many responsibilities. AEL (1991) earlier reported that the centers appear to be coordinating services successfully and are receiving strong support from district administrators and building principals. In some cases, however, communication between the centers and teachers has been a problem that both are working to correct. The report also stated that the "centers have already affected the lives of several students and families in ways that seem likely to result in improved student attendance and performance" (p. 1).

Florida's studies. Florida's Department of Health and Rehabilitative Services Supplemental School Health Service Projects, one of several dimensions of the state's service integration efforts, provide support to schools where there is a particularly high incidence of medically underserved, high-risk children and youth. Although their evaluation was constrained by the short amount of time the projects have been in place and the inability to re-survey students to determine if attitudes or behaviors changed, Emihovich and Herrington (1993) report several positive accomplishments. Pregnancy rates declined -- with middle schools showing a greater rate of improvement than high schools; improvements were considerably greater for schools in their second rather than first year of participation. Also, students who engaged in high-risk behaviors were significantly more likely to visit the health room than the general school population. The interventions also positively impacted high school students' behavior in such areas as sexual activity, drinking, and consideration of suicide.

In the same study, students reported relatively high levels of satisfaction with the program; district administrators and county public health unit administrators were equally enthused; school boards and community residents' reactions were mixed but mainly favorable; and parents' reactions generally were positive. Some residents were unaware of the programs and expressed their opposition. However, many residents strongly supported the effort, as indicated by joint sponsorship of certain activities and donations of funds and supplies. The closer individuals were to the school and students, the stronger their endorsement. School-based employees particularly were enthusiastic. Moreover, there was consensus that the students' health and social needs exceeded the time, expertise, and energies of the regular school staff and that the school's educational mission was seriously compromised by students whose needs were not being adequately met. Such problems as the assignment of responsibility, competition for students' time, and facilities were viewed as inconsequential in light of the need for services at the school site.

In a study conducted for the Office of Interagency Affairs in the Department of Education, Lavely and Berger (1993) summarized formative self-evaluations of full-service school initiatives after six to nine months of implementation. The initial findings suggest that training and technical assistance will benefit full-service school staff in volunteer recruitment and utilization, in social and psychological issues of students and families at risk, in integrating school improvement and full-service goals, in collaborating with postsecondary and business institutions, and in funding relationships, including use of Medicaid as a reimbursement source.

In one of the more comprehensive formative assessments of the full-service schools' effort, the Florida Department of Education (1992, pp. 2-3) drew the following conclusions:

- Few people know where all the services are in a community; everyone knows where the schools are. School facilities offer free space to service providers and a safe place to approach families.

- Co-location fosters communication; duplication of effort is recognized and stopped; providers save time in enrolling clients in services; and children return to class after appointments, rather than missing entire days of schools.

- Assigning Health and Rehabilitative Service (HRS) case workers to school sites allows workers to visit more clients in less time; continuity with school personnel helps stabilize foster care placements; pairing school personnel with HRS workers results in a positive attitude change for both; solutions to problems are expedited; HRS workers' roles are moving toward prevention of problems in collaboration with school staff.

- Home visiting allows follow-up on student absences, thus "flagging" more serious problems; child care and transportation allow adult participation; transportation to a single site for service is less expensive; and employment of residents of the neighborhood as outreach workers helps build support for families and the school.

- School personnel are interested in Medicaid as a financial resource.

- Co-locating related programs (e.g., First Start, Even Start, Adult and Community Education, Supplemental School Health) allows sharing of resources and makes access easier for families.

- Full-time HRS Economic Services and Protective Services workers can be contracted for five to ten additional hours per week to provide coordination and "brokering" services for families in need of help in traversing the system. This gives the full-service school effort the depth of knowledge of the HRS workers at little cost.

- Teamwork with student services personnel (guidance counselors) and full-service schools personnel (mental health and social workers) enables meeting children's and families' needs holistically.

- When HRS, community mental health providers, and the school are the major intervention systems, it makes sense to bring them together with central referral and intake.

Lastly, the following findings are reported in an evaluation of a full-service school program in rural Santa Rosa County (Project Vision, nd, unpaged). Thirty-five students were identified as at-risk and were targeted for additional services. Data for 1990-1991 indicate that 30 students (86 percent) improved in academic performance based on classroom grades; all of the 19 elementary school students has reduced discipline referrals compared to the previous year and 12 of the 16 middle school students had fewer than three referrals for the year. Of the 23 students referred for pre-delinquent behavior, only one was reported to be involved in subsequent delinquent activity. In addition, the efficiency of the HRS staff increased by means of reduced transit time per client, decreased forms management, and increased direct service time.

Georgia's study. Georgia's Initiative for Children and Families is an umbrella for the state's many child- and family-focused initiatives, e.g., the Family Connection, the Georgia Partnership for Excellence in Education, Georgia 2000, Cities in Schools, and the Governor's Pre-kindergarten Program. The intent is to coordinate service strategies to create a more holistic [6•system. The "hub" of the initiative is family centers located in or near elementary schools that link a broad range of health and social services to anyone in the community based on needs and regardless of income.

The Year One assessment of the Family Connection initiative conducted by the Georgia Departments of Human Resources, Education, and Medical Assistance (1992, pp. 2-4) reported a number of factors that promoted collaboration, e.g., funds that are tied to showing proof of collaboration by agency directors; awareness of concrete problems to be solved; people who have the vision of collaboration, who are capable, and who can be trusted and respected; small size or close proximity of agencies; involvement by direct service staff; and a generally even distribution of responsibilities among the agencies.

The report (p. 4) also cited the following factors that acted as barriers at several sites: "projectitis" -- the tendency to get wrapped up in details of implementing a new service so that larger policy goals do not get the attention they need; the lack of awareness among managers and staff in mainline service agencies about how Family Connections and the collaborative-empowerment vision fit into the overall mission of Department of Human Resource agencies; the lack of full co-location of Family Connection staff; the number of issues and partners whose time and efforts must be coordinated; the lack of a collaborative vision among key players (e.g., boards of education and health and family service agency directors); the lack of a strong signal from the state that future funding streams will continue to require collaborative sign-off and joint planning; the lack of clearly understood roles for Family Connection staff; and the lack of a public relations protocol for sharing credit for accomplishments.

New Jersey's study. The New Jersey School-Based Youth Services Program (nd) is one of ten programs to receive an Innovations Award from the Ford Foundation and Harvard University's Kennedy School of Government. Although there is no single statewide model, each local project must provide mental health and family counseling, health services, and employment services at one site. Although the program has not yet completed a full-scale, independent evaluation, some data are available from individual sites.

At the Pineland Regional High School -- in one of the state's most rural areas -- dropout, suspension, and pregnancy rates have decreased and the state Division of Youth and Family Services reports a drop in child abuse cases. The Department of Human Services, in a survey of school personnel, reports that over 90 percent felt the program had a positive effect on students and the school's environment. Over 85 percent indicated that the program allowed the staff to be more effective in their jobs; over 90 percent indicated that it allowed them to assist more students. The school staff also felt that the program allowed them to help children and families in areas where they did not have the time or skill, e.g., when guidance counselors felt that intensive family counseling or home visitations were important, they referred the person to the school-based program (Knowlton, nd, p. 7).

Edward Tetelman (1993), Director of the Office of Legal and Regulatory Affairs in the New Jersey Department of Human Services, explains that the program is managed by nonprofit organizations, public agencies, or schools. The general preference after four years of operation is to use nonprofit agencies as managers since these organizations generally have social and support services as their main focus and are able to make rapid changes as needed. Tetelman indicates that "schools often have other priorities, are often unable to make rapid adjustments to programs or other activities, and at times have gotten mired in political disputes unrelated to the program" (p. 8).

South Tama, Iowa data. One of the more comprehensive formative evaluations is the year-end report for 1991-92 of Iowa's School-Based Youth Services Program (Veale & Morley, 1993). Of the four projects assessed, only South Tama is rural. Because it is one of the few detailed evaluations of a rural district that has been reported to date, the major findings of the district's program are noted at some length. The intent of the projects was to help at-risk students by coordinating services, including mental and general health, employment and training, and school-related services. The relevant highlights drawn from various parts of the evaluation report are as follows:

Student outcomes

- School attendance: 61% improved in 1990-91; 65% improved or maintained their attendance rate in 1991-92 (p. 22).
- Grade point average: 61% improved in 1990-91; 74% improved or maintained their GPA in 1991-92 (p. 25).
- School retention rate: 97% in 1990-91, 95% in 1991-92; the decrease of 2% "may be an indication that their districts's attendance policy is not having a totally positive effect on students and their education" (p. 26).
- Total re-enrollment rate: 65% in 1990-91; 84.0% in 1991-92; an increase of 19% (p. 28).

Program outcomes

- The most frequent reported types of family/parent involvement were the yearly survey, weekly phone contacts, monthly home visits, quarterly in-school conferences, and reports of student progress (p. 56).

- The most frequent opportunities for family/parent involvement were individual program planning for children, parent/family counseling, attendance at school affairs, volunteer assistance at school, assistance for students at home, planning and decision-making committee, and evaluation of programs (p. 57).

As a result of their evaluation, Veale and Morley (1993, pp. 88-89) recommend several ways to improve service delivery:

- Exploring and identifying funding support to maintain existing programming, including identifying a minimum cost factor that allows a program to function with maximum impact. (Cost factors in most rural areas may be higher due to distance, travel, and staff availability.)

- Expanding the program to include smaller, rural communities by utilizing the maintenance, expansion, and role of the school nurse in rural schools as a means to improve health services (this was the number one request of students, thus reflecting the lack of health insurance and services).

- Improving the coordination of schools and agencies, especially in developing formal written plans, training staff from different agencies, and having different agency staff housed in the same facility.

- Re-evaluating the environment at each center to insure that students and parents of various cultures are made to feel welcome; working to ensure that all are treated equally in terms of help with problems and attempting to understand the feelings of these students and parents.

Cautions and conclusions. Gomby and Larson (1992) postulate that evaluation perhaps never has been or will be the ultimate arbiter of whether or not a program is funded and that programs exist mainly because of changes in public values or resource levels. Nonetheless, they assert that evaluation is an important part of program implementation and that although data are needed to inform both formative and summative decisions, one should not be pressured prematurely to evaluate program components still being developed. Successful collaborations cannot be expected to produce immediate results. The burdens of data collection often are high -- especially in rural sites -- since it often involves merging data from multiple agencies.

As noted above, although Crowson and Boyd (1993) indicate that little "hard evidence" exists to date that documents significant gains in either education or child/family welfare as a consequence of the investments, some useful data exist about the positive effects of service integration. While the search for "hard evidence" continues, Gomby and Larson's (1992) advice makes a good deal of sense, namely that although objective outcomes are indispensable in evaluation, it also is important to acknowledge that such "softer" measures as participant or staff satisfaction with a new program are meaningful. They conclude that when no other measures show improvement (but costs are the same) and both clients and the staff feel satisfied, the program may well be judged a success.

What Service Integration Policies are Being Recommended?

A number of diverse recommendations to both educational and human service agencies are being presented by a variety of agencies, policymakers, and practitioners.

Recommended Federal Legislation

If Senate Bill 98 (1993) -- or H.R. 520 (1993) -- is enacted, grant recipients would be responsible for developing programs, primarily for at-risk students, that focus on the following components:

- planning, developing, coordinating, acquiring, expanding, or improving school- or community-based educational services through cooperative agreements, service contracts, or direct employment of staff to strengthen the educational performance of at-risk students
- planning, developing, and operating with other agencies a coordinated program to increase at-risk students' access to community-based support services
- developing coordinated services for at-risk students whose families are highly mobile
- developing prevention and early intervention strategies with other agencies to serve at-risk students and families
- improving interagency communications, including the development of local area telecommunications networks, software development, data base integration and management, and other applications of technology
- supporting co-location of services in schools, cooperating agencies, community-based centers, public housing sites, or other sites near schools, including rental or lease payments, or maintenance and security costs for delivering services to at-risk students
- designing, implementing, and evaluating unified eligibility procedures, integrated data bases, and secure confidentiality procedures that facilitate information sharing
- providing at-risk students with integrated case planning and case management services through staff support for interagency teams or hiring school-based support services coordinators
- subsidizing the coordination and delivery of education-related services to at-risk students outside the school by public housing authorities, libraries, senior citizen centers, or community-based organizations
- providing staff development for teachers, counselors, administrators, and agency services staff, including cross-agency training
- planning and operating one-stop school-based or community-based service centers to provide at-risk students and their families with such services as information, referral, expedited eligibility screening and enrollment, and direct service delivery
- supporting dissemination and replication of a model coordinated educational support services program to other LEAs including disseminating and replicating materials and training (pp. 8-11).

If H.R. 1677 (1993) is enacted, states would be obligated to:

- establish a state interagency work group among the departments at the state level that provide education and health and human services
- develop pre- and in-service training that assists staff to understand the communities they work in and the available resources for at-risk children and their families
- require equal financial or in-kind contributions by the departments referred to above
- attempt to integrate existing funding sources from the departments represented
- designate a fiscal agent to be responsible for receiving and disbursing federal funds
- provide assurances that successful programs will be used as models and that information regarding program successes are disseminated throughout the state
- help local entities develop interagency agreements (p. 5).

Local entities, in turn, would be obligated to:

- develop a community planning process that includes teachers, parents, and family members; school officials; officials from institutions of higher education; and public and private nonprofit organizations that provide health care, education, employment training, child protective, or other human services
- develop mandatory services recommended by the planning group noted above
- require equal financial or in-kind contributions of the LEA and entities represented
- assure that such entities make a reasonable effort to initiate structural reform
- designate a fiscal agent to receive funds from the state (pp. 6-7).

The National Conference of State Legislatures

Recognizing that communities as well as families should be targeted for needed interventions, the Children, Families, and Social Services Committee of the National Conference of State Legislatures (Romig, 1989) recommended various actions for state legislatures to improve the quality of services to families with multiple needs: (1) identifying communities where a variety of child and family risk factors exist and targeting them for additional services; (2) identifying types of families with multiple needs for whom the current system is not working and involving different agencies to better meet their needs; (3) identifying available state funding sources to serve families and the overall expenditure of funds for services, and using this information to evaluate the need for program collaboration and the degree to which current sources and categorical funding streams conflict; (4) where collaboration at the local level is desired or needed, developing state systems that assist local entities retain ownership over programs; (5) evaluating programs designed to work with families with multiple needs on multiple outcome measures; (6) identifying the means that reduce barriers to coordination, such as co-locating agencies; and (7) providing sufficient authority, responsibility, and funding for interagency commissions to enhance their effectiveness in achieving their goals.

The Commission on Chapter 1

Among the recommendations of the Commission on Chapter 1 (1992) is that state education agencies and LEAs identify health and other barriers to learning faced by children and take steps to bring low-income children and their families closer to obtaining needed services. The Commission recommends several specific actions. Among them are the following: (1) every two years each state must prepare a plan to eliminate barriers to learning faced by low-income children; such a plan must identify measures to eliminate barriers, including integrating and co-locating health and social services at Chapter 1 schools; (2) states must disseminate the plan and involve a broad range of state agencies, LEAs, teachers, and parents in its preparation; (3) every two years states must issue a progress report; (4) every two years each LEA must report on learning barriers within its jurisdiction, the extent to which efforts (including additional resources and collaborations) might increase access to services, and measures to take to ease or eliminate barriers; (5) each LEA must ensure that all children in participating schools are fully immunized when entering school, screened for health and other conditions that impair learning, and referred to appropriate services; and (6) LEAs would be permitted to use Chapter 1 funds in carrying out their duties, e.g., screening, referral, and facilitating agency collaboration.

The Council for Educational Development and Research's (CEDaR) Recommendations on Chapter 1

The Council for Educational Development and Research's (1993) recommendations are based on the analysis of the 1993 reauthorization of the Elementary and Secondary School Act legislation which, CEDaR argues, should enable schools to initiate and play a major role in coordinating health and social services for eligible children and families through authorizing the use of Chapter 1 resources. The Council recommends that coordinated services be one of the purposes of Chapter 1; that Chapter 1 schools be permitted to establish collaborative arrangements with service providers to coordinate a broad range of educational, social, health, employment, and training services for eligible children and their families; and that LEAs describe collaborative arrangements with health and human service providers in their application for Chapter 1 funding.

Southwest Educational Development Laboratory's Suggestions for States

The Southwest Educational Development Laboratory (1990b) recommends six state actions: (1) ensure comprehensive services by creating agency coalitions and by waiving regulations to enable providers to mobilize needed resources; (2) develop alternative non-categorical funding structures to use existing state and federal monies, by promoting cost sharing ("repositioning" staff from one agency to another or to the school), and by funding arrangements with the private sector; (3) provide family support by developing policies that help more than one generation in families and that help children and families transition from receiving support to self-sufficiency, and by promoting policies that treat children and families as partners (e.g., individualized family service plans); (4) ensure that programs are staffed with qualified personnel by developing regulations that guarantee standards in training and qualifications and by promoting staff development for teachers and service providers to learn such techniques as case management; (5) provide leadership in gaining broad local support by developing coalitions of parents, community residents, corporations, and foundations to plan, implement, and evaluate programs, and by developing ways to demonstrate outcome-based results; and (6) provide leadership in collaborations by establishing state-level coalitions of agencies, teachers, parents, students, the private sector, and foundations to plan and evaluate policies that provide a framework for local efforts, and by establishing systems for sharing planning information and data.

Bruner's Approaches to States

Charles Bruner, who is both Director of the Child and Family Center in Des Moines and a state legislator, unquestionably has thought long and hard about these issues and has written about them frequently. Although Bruner (1991) does not refer to his analysis as recommendations, his three "generational" approaches to fostering collaboration clearly are relevant to state policymakers: (1) policymakers should direct their agencies to plan jointly to address child and family needs by establishing task forces, commissions, or councils to explore service integration; (2) state leadership should provide financial support, guidance, technical assistance, and incentives to local collaboratives through multi-site demonstrations and should offer regulatory flexibility for these efforts; and (3) state policymakers should develop strategies for the leadership base needed to support successful programs. Moreover, statewide approaches, Bruner maintains, should develop local leaders to provide support in jurisdictions where greater capacities for change must be developed.

Farrow and Joe's Recommendations on Fiscal Strategies

Although Farrow and Joe (1992) describe "piecing together funding streams" as more of "an art than a science" (p. 62), they acknowledge that some states and communities have shown great creativity in putting together the parts of the "financial puzzle" to create coherent approaches. They recommend that a core of funding is needed to support a basic social service staff and that basic program funding from general revenues can be used for either the "glue" functions of program development (overall direction and coordination) or for such direct services as counseling, recreation, and tutoring. They recommend that LEAs redirect dollars that already are invested in the service system and explain that, at the simplest level, this can mean assigning staff who once performed one function to perform another in a school-linked program. More extensive redeployment occurs when such programs as mental health counseling or employment programs are linked with schools. Redirection and redeployment, which involve more than "outstationing" one or two staff, include designing programs in such a way that they become integral parts of an overall youth development strategy. [Note. For a detailed discussion of fiscal strategies, see the chapter by Farrow and Joe (1992) in The Future of Children: School-Linked Services. Also, since a diverse base of financial support is needed to "piece together" comprehensive efforts, Appendix A presents major funding sources for school-linked services.]

Recommendations for Professional Development

Professional development is an important consideration whenever major changes in roles and relationships are proposed. Two brief examples of recommendations relating to professional development are as follows. (1) Staff preparation is needed since many professionals often are untrained outside their discipline and cannot handle a broader range of child and family issues than they were prepared for, nor can they enter easily into dialogues with counterparts from other fields; for example, "the training and experience of school counselors do not provide a strong background in addressing needs of families with problems of health care, substance abuse, or poverty" (Jewett, Conklin, Hagans, & Crohn, 1991, p. 13). (2) Both pre-service and in-service programs are needed that help school and agency staff understand the diverse communities in which they are working and the wide array of available resources (Levy & Shepardson, 1992). Melaville and Blank, with Asayesh (1993, p. 72), also present five challenges for school staff that are highly appropriate for professional development:

- Seeing themselves as facilitators. Although teachers do not need to become social workers, they need to use input from other professionals to consider a child within the family, culture, and community context and to adapt their instruction, e.g., help a withdrawn child work in a cooperative learning group or give extra responsibility to a child who needs attention and praise.

- Supporting the family's role in the student's academic success. As families have changed, they have become less responsive to the ways schools traditionally communicate with them. Busy families may not see attending school meetings as a priority and teachers may interpret this as a sign that families do not care; families do respond, however, to suggestions or materials about helping children at home.

- Being open to revising interpretations of children's behavior. Teachers sometimes respond to isolated incidents of behavior, e.g., a referral to the counselor for disrupting the class or to the nurse for a headache. Teachers, however, need to view the whole child and consider the child's behavior in the context of his or her family.

- Rethinking their roles in relation to children's behavior. Many teachers prefer to handle children's academic and behavior problems themselves. However, even the best teachers need help sometimes. It is not an admission of failure to use support services from other professionals.

- Giving the new system time to develop. Instituting school-linked services does not happen overnight. As communication improves, the new system of services can effectively aid a school staff in helping children learn.

In short, many voices are being heard from various perspectives -- federal, state, regional, professional, and individual -- with recommendations to develop and implement service integration policies and, ultimately, service integration programs.

What are Some Models For Implementing Service Integration?

There are many ways of looking at service integration and, surely, there is no one "model." Indeed, service integration advocates have an extremely diverse way of describing program "models." For example, Melaville, with Blank (1991, pp. 14-18) differentiate between two levels of program operation, the system delivery level (i.e., creating policies and practices that build community networks) and the service delivery level (i.e., meeting needs of children, youth, and families), and between cooperation and collaboration at each level:

- System delivery level/cooperation in which partners assess the need for more comprehensive services, recommend strategies to coordinate existing services, advocate policy (e.g., networking, sharing information, assessing needs, identifying gaps and overlaps) without committing budget funds or making policy decisions for their organizations.

- System delivery level/collaboration in which partners both advocate and negotiate policies and comprehensive, developmental, preventive, and family-oriented delivery programs.

- Service delivery level/cooperation in which partners help each other meet respective organizational goals without substantially changing their rules, regulations, or services.

- Service delivery level/collaboration in which partners establish common goals; pool resources; jointly plan, implement, and evaluate (e.g., establishing case management teams and following up on referrals); and delegate responsibilities for achieving outcomes.

Bruner (1991, p. 10) has a slightly different twist in denoting four levels of collaboration:

- Interagency collaboration - administration. State or local administrators manage agencies to facilitate inter- and intra-agency collaboration through protocols, interagency agreements, staff organization, incentives, and job evaluation systems.

- Interagency collaboration - service. Service delivery workers are given incentives and support for joint efforts with staff in other agencies.

- Intra-agency collaboration. Service delivery workers are given discretion in servicing clients and in providing support for decision making and planning.

- Worker-family collaboration. Service delivery workers and family members determine needs and set goals while working toward greater family autonomy and functioning.

The analysis of "program models" of the U.S. General Accounting Office (1992, p. 13) focuses on goals and strategies for service integration:

- System-oriented goals. Developing new service delivery structures and approaches, creating new services, and eliminating conflicting requirements.

- Service-oriented goals. Linking clients to services.

- System-oriented strategies. Creating new organizational structures, and developing multi-agency budgets and service plans.

- Service-oriented strategies. Using case managers, developing individualized service plans, and developing informal and formal agreements among service providers.

The Southwest Educational Development Laboratory (1990a) cites the analysis of Plascencia who differentiates external referral, mobile rapid responses, and school-based services. In the external referral model, school personnel provide referrals to external service providers or coordinate with other organizations to contact providers. In the mobile rapid response model, school staff and other service personnel respond to such crises as suicide prevention or intervention following a traumatic event. In the school-based model, school or non-school personnel provide services (depending on available resources) that may include itinerant services by nurses or other medical staff; school-based health clinics; multi-service units, a structural mechanism (which may include alternative schools) that provides a range of counseling, medical, and/or day care services; and case management in which one staff person coordinates and monitors all services delivered to a student. These services are not mutually exclusive and by design may overlap to ensure comprehensive delivery.

Kahn and Kamerman (1992) cite the analysis of Corbett and Farber who delineate three models used to provide services in schools: the role expansion model in which teachers counsel, assist, and act as a liaison with both homes and agencies; the organization expansion model in which agency counselors, social workers, and/or nurses are hired as part of the school staff to undertake special responsibilities; and the system supplementation model that relies on referral to and purchase of service from agencies. Kahn and Kamerman add a slight variation to the role expansion model in which the school opens itself to a variety of community-based agencies by offering space and by making referrals, although agencies retain their individual autonomy.

Chaskin and Richman (1992) identify two broad models: (1) the school-linked or school-based model in which a variety of health and social services are located within or near the school and the school staff facilitates access to these services; and (2) the community-based model that incorporates a diversity of services, governance structures, and institutions and facilitates their working collaboratively without centralizing everything in one institution. The joint governance structure of the community-based model includes the school as one of the several institutions that provides and facilitates access to services. In the school-linked model, the focus of service provision generally is the individual child and his or her needs; in the community-based model, families normally are the primary target for receipt of services.

Guthrie and Scott (1991) also identify five model approaches: (1) one case management team coordinates services of several agencies and matches them with individual student and family needs; (2) case managers work intensively with the child and family, broker services, and help the family "navigate" the agency network; (3) through periodic meetings and regular communication, agencies are informed about each other's services and who is being served; (4) services to various agencies are housed together in or near a school or community center; and (5) an advocacy group assesses community needs and initiates projects, thus connecting the school to potential service providers and funders.

Lastly, the Alberta Education Response Centre (1991, pp. 15-26) classifies fourteen service integration models and/or approaches:

- Case consultation. Staff from one agency advise staff at another agency about particular clients.
- Client teams. Staff from two or more agencies routinely coordinate activities to meet needs of mutual clients.
- Information sharing and networking. Diverse agencies are linked by a shared focus and desire to exchange information and pool resources.
- Joint funding. Two or more agencies share operating costs.
- Joint intake and assessment. A common system is established for screening clients and diagnosing needs.
- Joint planning. Plans are developed for assessing needs and priorities.
- Joint policies and procedures. Guidelines are established for agency interaction.
- Joint program design, operation, and evaluation. Joint solutions to problems are implemented in relation to available resources.
- Joint training. Staff representing different services acquire and practice new skills.
- Materials exchange. Equipment, products, and materials are shared.
- Purchase of service contracts. Agreements between agencies, individuals, or departments are drafted to obtain services.

- Referral and follow-up. Procedures are developed that direct clients from one agency to another.
- Shared location. Two or more agencies have staff at the same location or staff of one agency provide services in another agency's facility.
- Staff loan. Staff from one agency work under the direct supervision of another agency.

As Steve Nelson and Jack Stoops of the Northwest Regional Educational Laboratory suggest (in personal correspondence, 8/16/93), the status of integrated services is in "a state of flux" and clearly occurs through a continuum of service delivery, that is, from informal cooperative activities to formal collaborative arrangements. They initially noted such a continuum in the works of Nissani and Hagans (1992), among others, when they began their literature review of this topic and later corroborated this phenomenon as they conducted case studies and analyzed interview data. Nelson and Stoops conclude that the continuum is more than a theoretical concept but is, in essence, the manner in which integrated efforts developmentally evolve.

School and service agency staff who are responsible for developing service integration programs obviously have a range of options. They first must assess what they need and what they can provide. But rather than selecting one "model," various "mixes" might be put together depending on needs and available resources.

What are the Major Implications for Schools, Teachers, and Administrators?

Service integration has at least two major implications for education: an enhanced mission for the school and potential changes in roles and responsibilities of teachers and administrators.

Enhanced Mission

Morrill (1992) raises a fundamental issue when he reflects on whether service integration is an appropriate diversion of resources from the schools' primary educational mission. There is little question that a fully developed school-linked approach calls for a different type of mission statement than traditional ones (Jewett, Conklin, Hagans, & Crohn, 1991) and that paradigm shifts are required (Kahn & Kamerman, 1992). Schools, in effect, would become community learning and service centers. Traditional boundaries would be stretched if schools were to operate on the assumption that many systems effectively working together are needed in order to meet the needs of students and their families (Dolan, 1992).

Jehl and Kirst (1992) discuss the need for systemic reform and school restructuring to accomplish service integration. Very few school restructuring efforts, they maintain, have included working with other community agencies to serve the broad needs of children and families. Some reformers, they assert, believe that schools should stay narrowly focused since they have enough to do without taking on additional tasks of providing children's services. Others think schools should build character and positive behavior and leave health and other services to nonschool agencies. Jehl and Kirst further contend that limited efforts will not accomplish the primary goal of educational restructuring, i.e., improving academic achievement; hence, establishing school-linked services to meet the health and other needs of students is essential in school reform.

Although teachers are unmistakable candidates for increased involvement in some observers perceive limited benefits from such involvement because of the tradition of the teacher's "isolated autonomy" and their being burdened with many responsibilities (Crowson & Boyd, 1993, p. 162). Others, such as the American Federation of Teachers' President Albert Shanker, have called for a return to the academic mission of schooling, noting that schools currently are burdened by the lack of focus. Teachers are asked to be "social workers, therapists, moms and dads, cops, and even medical technicians. The last thing they are expected to focus on is student achievement'" (QuEST '93, 1993, p. 14). In spite of that pronouncement, the issue clearly is not an either-or. The question, therefore, is whether schools can take on an essential -- albeit enhanced -- mission. The response, according to Kahn and Kamerman (1992), is "that they cannot successfully educate if they do less" (p. 26).

Role Changes

School-linked services attempt to bring schools into the loop, as it were, as equal partners with other service agencies. As straight-forward as this sounds, some teachers and administrators find it difficult to reconceptualize their roles, particularly in pastoral and caregiving rather than conventional pedagogical terms (Crowson & Boyd, 1993).

School-linked strategies may require that educators assume advocacy roles in support of integrated service legislation, policy, and implementation, and ombudsperson roles in support of the rights and needs of children and families (Jewett, Conklin, Hagans, & Crohn, 1991). Although some of these activities have not progressed far in many places, some precedents are beginning to be noted in developing such goals as establishing trust, opening up decision making and governance, and creating a sense of community across organizations (Crowson & Boyd, 1993). Crowson and Boyd further maintain that the process is made more difficult by inadequate teacher understandings of the roles of other service providers and the help to be expected from them. In turn, service providers may undervalue the contributions schools can make toward the larger welfare of students. While some teachers might have difficulty acquiring a caring perspective, some agency personnel might be constrained by their institutional imperatives. Personnel on both sides of the equation need "time, training, and authority" to enable school-linked approaches to work effectively (Center for the Future of Children Staff, 1992, p. 12).

Crowson and Boyd also acknowledge that since teachers traditionally are expected to be fully in control of their own classrooms, two potential results of this expectation are (1) that some teachers are reluctant to share problems of control with other professionals, and (2) that control may become fragmented, e.g., counselors advising students in isolation from teachers and students receiving special assistance outside the classroom.

Other role changes need to occur, particularly those of parents and families who would, or should, be involved in the early planning stages, be informed of available services, and have the right to consent to or reject some of the services that might be offered (Gerry & Certo, 1992).

One of the most thorough analyses of role changes has been developed by Jehl and Kirst (1992, pp. 92-104). They envision superintendents and school boards primarily responsible, among other things, for developing collegiality, conducting needs assessments and feasibility studies, defining the purpose and scope of the program, and identifying funds that will support new priorities. Mid-level and other district office administrators are seen as providing information and assistance to the staff, as needed, and serving as liaison to principals and teachers. The principal's roles are manifold and include connecting planning groups to teachers and parents, linking teachers and other school staff with service agency staffs, and encouraging and assisting teachers in their expanded roles. Teachers, in turn, are responsible for planning with other professionals and interacting and working with parents.

Teachers, Jehl and Kirst submit, have a number of legitimate concerns and fears, e.g., that they will be unable to focus on their primary task of teaching children, will not be treated equitably with agency staff, and will not be able to control the flow of students out of their classrooms just as certain "pullout programs" currently do. The authors maintain that it will take time for teachers to become involved in a variety of different roles; moreover, all of the "players" need to be concerned with accountability, i.e., assessing whether or not goals are being met. Jehl and Kirst conclude that this type of change will require a reconceptualization of the ways in which schools operate, both internally and with the community. This will not be easy, since assuming new roles and responsibilities never is a simple task.

How are the Regional Educational Laboratories Supporting Service Integration?

The rural education initiatives of the ten regional educational laboratories are involved in four major aspects of service integration: research, development, dissemination, and technical assistance. Appendix B includes a number of resource materials developed by the laboratories. Some examples of activities under each category are as follows:

Research

- Conducting secondary research in order to identify baseline data, and reviewing and synthesizing the growing research bases.
- Conducting primary research to acquire first-hand information and insights, e.g., conducting site visits, focus groups, and interviews with service integration policymakers and practitioners; preparing surveys to ascertain the status of current programs and practices.
- Conducting evaluation studies of the effects of service integration, utilizing some of the major criteria discussed in this monograph.

Development

- Developing monographs that focus more specifically on some of the issues presented here, e.g., the roles of teachers and administrators in both school-based and community-based programs and, particularly, the findings of evaluation studies that continue to expand as programs are developed.
- Developing directories of service integration programs in rural areas.
- Preparing brief memoranda and summaries of information on on-going activities in the regions and distributing them by both print and electronic means.

Dissemination

- Sponsoring state and/or regional conferences and seminars.
- Preparing journal articles and presentations for local, state, regional, and national conferences.

Technical Assistance

- Consulting with SEAs and rural LEAs by assisting in planning and conducting needs assessments, implementing programs, and evaluating both processes and outcomes.

What is the National Rural Education Association's Position?

With input from members of the National Rural Education Association (NREA) Task Force on Service Integration, which this author chairs, the following resolution was presented to the Resolutions Committee and was passed at the NREA (1993) Delegate Assembly on October 16, 1993:

WHEREAS, rural schools appear willing to fulfill their responsibilities in providing integrated services and the issue is whether they are able to; and

WHEREAS, an analysis conducted by NREA's Task Force on Service Integration reveals that often as a result of limited financial resources, many services (particularly health services) are more limited in rural areas; and

WHEREAS, technical resources generally are underdeveloped (particularly in transportation, accessibility of services, and staff development); and

WHEREAS, although school/community relationships are often close, there are fewer human resources on which to call; and

WHEREAS, although personal communication often is easier in rural settings, yet both school and agency often do not have access to the knowledge resources that are so greatly needed for successful integration efforts; and

WHEREAS, in spite of these four resource limitations, however, creative funding can be developed along with the appropriate team leadership, the necessary matching of facilities to planned services, and, most important, the vision, commitment, and long hours of hard work that are needed for successful service integration efforts,

THEREFORE BE IT RESOLVED that the Association fully supports the implementation of service integration, the process by which a range of education, health, and nutritional, and related social services are delivered in a coordinated way to children, youth, and their families; moreover, it recognizes and supports the need for enhanced federal, state, and local resources in order to fully design, operate, and evaluate quality service integration efforts by all relevant human services providers.

The resolution, hopefully, is self explanatory. What is its rationale? The rest of this monograph is the rationale for enhancing the resources that are so greatly needed for service integration to be successful in rural schools and communities. Resources, vision, commitment, and hard work should make a difference between merely being willing and actually being able to meet the human service needs of rural children, youth, and their families.

Conclusion: Now is the Time for Service Integration

One primary conclusion should be drawn from the information presented in this section, namely, that service integration is a most attractive concept for rural schools and communities and also is now politically a highly viable concept. If rural teachers, administrators, service agency personnel, and citizens wish to move forward on this effort, now surely is the time to do so. Evidence for this conclusion comes from:

- the recent establishment of the National Center for Service Integration
- the various Congressional findings and proposed legislation
- the relevance of the recent development of the National Education Goals
- the increasing amount of service integration activity in a number of states
- the widespread support of professional associations
- the realization that many rural children and youth are "falling by the wayside"
- preliminary positive data regarding the effects of service integration
- various "models" for service integration
- the activities of the ten regional educational laboratories
- the recently passed resolution of the National Rural Education Association.

PART II: SERVICE INTEGRATION: THE RURAL CONTEXT

Part I addressed some basic informational questions about the nature and characteristics of service integration. This section discusses what is particularly unique about rural settings and how some rural practitioners have accommodated service delivery to these characteristics. The two questions addressed are: (1) what are some educators and others saying about the rural context? and (2) how do some rural practitioners respond to a number of important questions about service integration? The section concludes with a summary overview, "service integration through the rural prism." In the prism, both the major barriers to and the facilitators of service integration in rural schools and community agencies are reiterated in four areas: financial resources, human resources, technical resources, and knowledge resources.

What are Some Educators Saying about the Rural Context?

All of the questions discussed in Part I, of course, apply to rural areas. The key assumption here, however, is that unique barriers and unique facilitators become evident when the issues are viewed "through the rural prism." There is general agreement that it is difficult to establish truly collaborative efforts. But is it easier or more difficult for rural schools and community agencies? The intent was to ascertain what a number of practitioners and policymakers have concluded from their involvement in service integration -- from a rural perspective.

David Long of the Manpower Demonstration Research Corporation (personal correspondence, nd), for example, agreed that there are unique barriers to and facilitators of rural service integration and that some factors, such as the fact that there are fewer educational institutions in rural areas, constitute both a barrier and facilitator depending on the administrative or programmatic issue addressed. He observed that although the most fundamental issues for successful integration are not substantially different in urban and rural areas (such as federal and state laws, regulations, and funding rules), the issues may have "special twists in rural locations."

James Bogden of the National Association of State Boards of Education (personal correspondence, 12/4/1992) noted that the issue of rural diversity needs to be considered when generalizing about the rural experience: "Diverse characteristics are amplified in small communities, making each one unique." Bogden indicated that one rural program with which he has worked "has proven to be a very successful model of building collaboration among previously autonomous agencies, but they seem to have advantages of state resources and well-trained staff that may not be typical." In another instance, integration projects in two other rural counties "found it an empowering experience to realize that other sites were struggling to build a sense of community and shared responsibility that were never lost.... It seems interagency collaboration has always been the norm in these counties, where the few professionals each wear several hats and sit on each other's boards."

John O'Looney (1993) of the University of Georgia submitted a highly thought-provoking essay on designing a service system for rural communities. Among other issues, O'Looney observed that the difference between rural and urban service delivery is in some measure, due to the relative 'backwardness' of rural areas with respect to adopting more modern service delivery strategies. "By 'backward' I do not mean that the model of rural service delivery is less effective or less worthy; rather, because rural areas have not had the resources to construct a modern service delivery system, they have also not been as subject to the failures, fragmentation, and barriers that such systems seem to carry in their wake (p. 2)."

O'Looney concludes:

> Because rural services provide a natural platform for the integration of services, rural service providers have an opportunity to capture the 'advantages of backwardness' and leap-frog into the future. The use of new technologies to provide long-distance learning, training, diagnosis, service and treatment information, and so forth, have already been recognized as potentially providing a major boon to rural areas.... In order to move toward a model of flexible integration, rural providers will need to both maintain their craft-tradition and community roots, while also looking forward toward the implementation of new technologies. Rural areas will provide fertile soil for reviving the whole-community craft of helping. (p. 20)

Elizabeth Logan, Superintendent of the Solanco School District in south central Pennsylvania, submitted a paper (Logan, 1992) that included several pertinent insights, particularly regarding resources, access, and attitudes. Some of her major observations are as follows:

> The misperception that rural people have no problems causes people in rural areas to be overlooked when it comes time for allocating resources. Although 25 percent of the nation's population lives in rural settings, a disproportionately smaller percentage of the nation's social service funds goes to rural areas. (p. 23)
>
> Most social service agencies are based in urban areas and see themselves as providing for the needs of urban people with 'outreach' service to rural people. In a budget crunch, outreach services are the first to go. (p. 24)
>
> (Rural schools) are short-funded on basic subsidy and do not receive our fair share of existing state and federal non-school social services. Linking schools with existing social service agencies would at least improve our present situation until better solutions emerge. (p. 27)

Access also is a problem.

> People who live in rural areas have difficulty getting from place to place. The automobile is essential to accessing any service provided. It takes money to buy a car and keep it moving. People who live below the poverty level often do not have that money. Whether services are located 5 or 50 miles away, transportation is more of a problem for rural people than for urban people who have public transportation. (p. 27)

Lastly, attitudes can be a problem.

> In the planning stages, attention must be given to the perceptions service users and their neighbors will have of the 'gifts' we providers will bring.... If the attitude is that we are only making things easier for lazy people, providing social services in the rural area may do more harm than good. Some people strongly feel government is already doing too much for poor people and that the best answer is to get rid of all social programs. A response to that thinking centers on our need to break the poverty cycle for these children. If that cycle is not broken, children... will live their adult lives exactly as their parents have. (p. 28)

Judith Myers-Walls (1992) of the Family Resource Coalition contends that delivering family resource programs to rural areas is difficult for several reasons:

> By definition, there are relatively few people in rural areas, and they live far apart. So programmers have no economies of scale. Clients have problems getting to programs; public transportation is usually non-existent. What's more, rural residents tend to see themselves as not needing help. Logistical concerns are only a part of the challenge of delivering services to rural clients. Another is the tendency of providers to try to duplicate in rural communities those program models that work in urban areas. Not only does such an approach violate a basic characteristic of quality programming -- the need to program according to the needs and characteristics of the population being served -- it may add an additional issue: exporting urban programs often means that the rural programs come under external control for development and administration. Such an arrangement disempowers the rural participants. It also conflicts with the tendency of rural residents to focus on 'horizontal linkages' -- direct social contact and personal interaction -- and instead relies on 'vertical linkages', which connect the community with outside groups and are based on instrumental function. (p. 10)

Martinez-Brawley and Delevan (1991), who have studied integrative structures and alternative models for county human services delivery in rural Pennsylvania, stress that "human services provision in the rural environment is different from services provision in nonrural settings" (p. 140) in terms of critical mass, scale of services, and topographical features. The researchers assert that since human services are essential factors in ensuring rural community visability, such services must be taken into account in programs of economic development and that economic development initiatives must address social service supports. For example:

> ...when new industry wants to locate in certain rural areas, those involved in planning must examine the positive and negative consequences that such developments will have for local families. Will day care services be needed? Will the new industry support employment that provides benefits or will workers still have to contend with lack of basic social insurance provisions? How will the new industry affect the quality of life of families in the county? Will it introduce new issues that might not have been prevalent in rural locations before, such as family stress caused by split schedules or 'latch-key' children? (p. 141)

Guthrie and Scott (1991), who have studied school-community linkages in the several western states, also have observed that:

> Rural communities often lack the variety and quality of services found in cities and are seldom equipped to meet the various special needs that only small numbers of children might have. Long distances, limited public transportation, and inadequate roads limit coordination among agencies as well as clients' access to services. [Also] attracting and retaining qualified professional staff often is a problem (p. 3).

Lastly, at the 1992 National Congress on Rural Education in Traverse City, Michigan (Gregory, 1993), the participants identified the following barrier to quality rural education: "Due to geographic constraints, there is a lack of integration of social services for needy families in rural areas" (p. 6). As one potential strategy, the participants affirmed that "public school officials must take responsibility for interagency collaboration, providing the human help services to enable students to attend school ready to learn" (p. 8).

How do Some Rural Practitioners Respond to a Number of Important Questions?

The review of the literature on service integration revealed that a number of schools and communities -- including rural ones -- are involved with implementing interagency programs. The author identified and contacted a random sample of twenty rural service integration practitioners.

The practitioners -- from eleven states -- included a director of a state office of interagency affairs, a district supervisor of special education, a director of special services, a director of guidance, a director of a higher education commission on interprofessional education and practice, two school district superintendents, and thirteen program/project directors and/or supervisors. Each was sent a list of thirteen questions on various aspects of service integration implementation in their schools and communities. The intent was to determine the status of their programs, strengths, obstacles to be overcome, etc. The written responses were highly informative and abundant with valuable insights. Because of the richness of their answers, the results -- although shortened considerably -- are presented in some detail below. Immediately following each of the thirteen questions is a brief summary overview of the responses. This is followed by a number of salient comments.

(1) What are the unique roles, if any, of rural school teachers and administrators with regard to service integration?

Teachers' and administrators' roles would be enhanced as schools move toward greater involvement in service integration; how far they would extend their roles varies. The majority of the respondents indicated that teachers likely will be more involved in referring students and, hence, must know to whom to refer. They must guard, however, against overextending themselves and must find a workable balance between their roles as classroom teachers and ombudspersons for children, youth, and families.

The specific roles suggested were rather extensive, although, as one program supervisor noted, some of these roles may be quite unrealistic. Some of the major roles identified are as follows:

- Teachers often need to act as parents, counselors, juvenile officers, mentors, and nurses.
- Teachers need to be jacks-of-all-trades who must know a little about how all the services work.
- Administrators need to serve as leaders, coordinators, and nuturers of the effort.
- Administrators need to define issues, recognize their own limitations, and know how to access non-educational systems that could assist students.

Other relevant roles are as follows:

- Administrators are drawn into community life. They not only need to become more aware of needs, they also must be able to match needs with resources. The rural community often places the school staff in close to a ministerial role!
- Teachers and administrators must be able to visualize the scope of services needed to maintain families so that children can do children things and succeed in school. The very closeness among rural school personnel will all but guarantee that if the

principal or administrator has any qualms, the teachers and counselors will be uncomfortable participating in the program.

- Teachers and administrators need to step out of their system and share responsibilities for the child's learning with other disciplines.

- Since they often know students on a more personal level and may know the parents (with whom they may have gone to school), teachers and administrators are in an excellent position to identify needs and make appropriate referrals.

- Since there are few support staff to address the myriad of service needs beyond instruction, (i.e., a minimum number of counselors, few behavior specialists, possibly no psychologists, and usually no social service coordinators), teachers may have to assume the role of identifying students who need services and may be the most logical person to refer students. Without support persons to provide services, the teacher becomes the one to carry out this assignment in the regular classroom. Also, the principal may be directly involved in the identification and referral teams and in follow-up and delivery of services.

- One of the most unique roles of staff is (to assure) communication that (often) takes place apart from the meeting; networks are formed in the hallway, over the refreshment table, on notepads passed between participants, and on the walk to the car.

- Unrealistically, the school professional is expected to become counselor, mentor, mediator, advocate, disciplinarian and, in some cases, surrogate parent. There are many reasons why this is unrealistic: the number of students, time constraints, severity of the problems, e.g., depression, illness, rape, poverty, and lack of resources.

(2) What are the unique strengths of rural schools and communities with regard to service integration?

Rural schools have evident strengths as well as some weaknesses. A number of respondents noted that rural schools, because of their smaller size, often are less bureaucratic, more flexible, and more capable of networking. They may, however, need to pool resources in attempting to overcome problems that geographical and professional isolation can bring. However, as one respondent asserts, the fact that most people know each other can be a strength or a drawback.

Some of the unique strengths indicated include the following:

- Rural schools and communities often reflect the ability to collaborate, are less 'turf resistant' when asked to share resources, are good at recognizing and responding to community needs, and develop closer alliances between schools, churches, and sports organizations.

- The smaller size allows everyone to know more of what is going on.

- Limited resources encourage coordination.

- The school is a community resource; everyone knows where it is, folks are proud of the buildings, and school personnel are known in the community.

- We learn about troubled youth through a well-connected network of family and friends; agency services become well known and trusted.

- We can deal with the "higher ups" easier because the organization chart is flat; we tend to deal with a hand shake instead of multi-page interagency agreements; once something gets going, it is much easier to get help.

Other relevant strengths are as follows:

- Knowledge of one another, because of frequent contact, creates a sense of community and the ability to have a "fair fight" over issues, resolve them, and move on.

- An internal identity, for better or worse, has produced certain leaders within schools and communities. This mechanism is a building block for communication.

- There are older community members who are well respected and want to advance the causes of this generation. If they are brought in for their input, they will be able to "piggyback" their grandchildren into the program.

- Because there are so few service agencies available, there is little problem with territoriality since most agencies are overloaded and understaffed. Networking is eased since many agency personnel and school staff know each other.

- Rural staff usually have in-depth knowledge of children and their families and of available resources or the lack of such resources. School staff are beginning to see themselves as part of the whole. Urban problems have reached into rural settings and staff realize that solutions must be a shared venture.

- The school is often the community hub. There is an identity with the school that causes rural folks to interact regularly with the school. Community members know the teachers, not only of their own children, but of all grade levels. Consequently, there is an understanding between community members and teachers as well as administrators. School people have an opportunity to interact with parents regularly. Consequently, they have a working relationship with individuals. When services from outside providers are integrated, the community relates to those teachers who might be identifying and/or referring students.

- Teachers have a level of comfort in contacting community members about children's needs and available services. Communication about available services can be accomplished, e.g., a community-wide mailing can occur with minimal expense anytime the school and/or agency wants to apprise the community of services being provided.

- Support is easily gained because administrators and service providers can interact with all community members -- in many cases, one-on-one -- through clubs, organizations, and newsletters.

- People learn to pool resources to avoid duplication and unnecessary travel, e.g., many agencies know they cannot afford to send their staff for training outside the county, but by joining efforts and resources they can bring the speaker and, almost literally, the conference to the participants.

- Just about everyone knows someone who knows someone or who is related to someone who knows someone. If a particular need is brought to the table, chances are someone knows someone who can make a difference.

- Agencies are small and cohesive. For the most part, people share information through informal and formal means. Something can be said for the teamwork that exists in many agencies. Speculation is that fewer staff, smaller budgets, and common goals make for effective integration.

- People know each other (which can be a plus or minus); issues are visible and demanding. The fact that in rural areas most people know each other can be a strength -- or drawback. It may mean that old animosities surface.

(3) How do rural schools and other social services agencies overcome barriers such as geographic distances in providing services? What additional obstacles need to be overcome in rural areas -- and how are these concerns addressed?

Many creative ways have been identified to overcome the barriers, including developing extensive educational programs, varied approaches for transportation, and satellite centers in the community. The democratic town meeting format was found to be valuable in one community in identifying and mobilizing local resources and opening lines of communications early enough so that problems could be recognized and addressed. However, transportation is not the only barrier, nor are school buses and vans the only answers. Both the obstacles and solutions are manifold.

Some of the specific barriers identified are as follows:

- Transportation, since service providers are reluctant to travel great distances.

- Lack of a full array of available services; high quality, developmentally appropriate child care; and health service providers is evident.

- There is a lack of sufficient "people time," the most important resource; sometimes the talent pool is not as deep as we would like.

- There is difficulty in breaking the intergenerational cycle of poverty; many residents are below the poverty line and live in less than adequate housing; there appears to be a contentment in this condition.

Some of the suggestions to overcome barriers include the following:

- Provide transportation home to all students who use services after school.

- Use existing vocational school buses, public buses for those fortunate to be on the route, and vans owned by the program.

- Lobby for more transportation and investigate the transportation resources that are available.

Other relevant barriers and ways to overcome them are as follows:

- We deal with geographic distances and a lack of cheap, affordable transportation by using a school bus to bring students to the Center. Occasionally, we use the school's van or sometimes the project staff picks up students in their cars and transports them to and from services. We deal with distances by bringing the agencies to the student; that is, agencies set up appointments with students and families so that families do not have to travel out-of-town; we contract with agencies to go to school to provide some services on-campus.

- We lack resources that larger cities have; there is a real shortage of human service providers. We deal with this by contracting to bring them to us. We lack financial resources to support programs; once the grant is expired, we will no longer be able to bring agencies in. Also, agencies often do not have sufficient staff; many staff do not have the credentials to be covered by insurance or are not up on the newest research.

- This is a poor, low socio-economic area in which many people do not have the money or insurance to pay for services. Many fall through the cracks with too much income to get Medicaid but jobs with no health insurance benefit. We try to deal with this by paying for initial services at the Center and agencies use sliding fee scales when possible. We search for grants and indigent beds.

- The small town rumor mill makes confidentiality a challenge but also a necessity. Some people hesitate to get services because they are very closed systems and are afraid their neighbors will find out about their private matters. We deal with this by using and explaining releases, strictly adhering to confidentiality guidelines, and building trust.

- There tends to be denial of problems. Despite the fact that everyone seems to know everyone else, there still seems to be a low awareness of the extent and causes of problems. There also tends to be a strong conservative element that condemns any mention of condoms, birth control, or abortion and any program that even remotely might address these issues. There continues to be a stigma associated with mental health and public assistance. We try to deal with these issues mainly through education.

- There is a lack of sophistication regarding the way one goes about getting help through the human service network. We deal with this by education and role-modeling. There also is a severe lack of good, affordable day care that prevents people from taking advantage of services. We are unable to provide day care except on a very limited basis, given our physical limitations. We pay for day care at the few group day care providers that we have and for students working on their GED.

- We overcome barriers through collaboration and relocating services to community centers or school sites. Lack of funding for rural delivery sites, access to information, transportation, and child care are significant barriers. Confidentiality barriers to streamlining services also are prevalent. The rules necessary to determine program eligibility, categories within programs, requirements that one family might have to meet and another might not, and benefit differences according to family characteristics all make service integration a complicated system. Although, rural families tend to address these concerns through informal information-sharing networks, this network is often confusing and inaccurate.

- Different methods are being tried to simplify the application process, remove unnecessary tasks, cut down on cycle times, eliminate repetitive transfer of information, and build agency partnerships. These streamlining efforts come in the form of agencies providing information, outposting workers, providing policy changes, developing joint permission forms, developing minimal verification procedures, and taking advantage of statewide automated service systems. Our state has implemented a statewide computer system that includes full intake and eligibility for the major public benefit and family service programs. There is a growing trend to station computer terminals in rural service areas.

- By nature of their schedules and perceived mission to process children through the grades to a diploma, schools sometimes are not aware of existing services nor how services might be integrated. The logistics of time and distance create their own barriers. The school will not be aware of the integration taking place unless one of the agencies is providing case management for a consortium of agencies and informs the school. Such barriers are overcome by making the most of every meeting, by organizing interagency networks that meet on a regular basis to provide an awareness of services, and through intensive case management. Human service directories could best be updated by means of a computer database. Staff awareness of such agencies and linkages could be promoted through this database in addition to interactive telecommunications.

- We use a shared cooperative multi-agency approach when possible in areas of travel and case planning, implementation, and monitoring. We share transportation for home visits, assessment, record keeping, funding sources, etc. We use paraprofessionals for program implementation and monitoring and social services interns from nearby colleges in our resource center. There needs to be more training to sensitize (preservice) students to unique conditions in rural settings. An additional obstacle is that rural schools and service agencies share the problem of recruitment and retention of qualified staff; this stems from isolation, low pay scales, large client loads, and travel, etc.

- The town hall meeting format has been very successful in identifying and mobilizing local resources that can be brought to bear on issues. Mobile outreach in the form of circuit riders or a mobile dental office in a van are ways rural communities meet their needs. One facet of a well-designed community meeting is to identify concerns that can be addressed in the community without additional resources. This identification is empowering in itself. Many of our resources are limited. Creating ways to identify and use a variety of volunteers is essential. Transportation to needed services is the biggest barrier to delivering services in our county. Satellite services are a partial solution.

- Obstacles to be overcome include: providing adequate housing in lieu of substandard mobile homes; co-opting families to allow for, welcome, and want change; convincing participating agencies to free personnel for total commitment to the site; and overcoming the lack of outreach workers to deal with family systems issues. To overcome barriers, we set up satellite services; provide telephone services on-site; maintain weekly staff meetings on school sites with school, state law enforcement, and other resource groups on a per-case scenario to share information and, hence, multiply services; hold on-site meetings involving key organizers; bring resources to the site as often as possible; and involve a college or university on-site to add their students and faculty as resources.

- Evening hours must be available to accommodate commuting families. We use a van for small trips and often lease school buses. One of the barriers is earning trust, especially with adolescents. In rural areas, it is essential that services are offered in a manner that allows anonymity. The variety of services available removes the stigma of at-risk.

- Most funding sources are based on population. Rural communities must constantly fight for services. A major obstacle is the legislative mentality to put the "bucks" where the numbers are.

- Additional obstacles include the need to continue to provide employment for students after school; this is overcome by using the Job Training Partnership Act (JTPA) funds for in-school and community-based programs. Although transportation is an obstacle with work programs, if students get to work on time, they usually are able to get home. Pooling rides, using instructors for transporting students, and developing relationships with business and industry so that people who work in various companies (are all ways that) can assist with transportation.

- The location of the county welfare office is difficult to reach by the transportation system for residents off the route or beyond the service point. (One poor person may charge another $10.00 to go just a few miles to reach whatever delivery system that is needed.)

- Our Center faced geographic distance as a major barrier. Establishing a satellite center for distant provider organizations is one means of addressing this issue. The satellite could be in a community center or in one or more of the district buildings, depending on space.

- Possibly the greatest obstacle is (convincing) rural community members to take part in the services and understand the benefits and the long-range focus that can be possible. Often rural community members have not had access to distant opportunities. Consequently, they never thought of themselves as being able to access re-training for employment or seek further education such as GED, Basic Education, or parenting skills. Motivating them to take advantage of the opportunity can be the greatest obstacle.

- The impediments to service integration are lack of vision, commitment, and the hours and hours of extra work that must be put forth. However, where it exists, vision, commitment, and hard work by an individual or small group have provided enormous benefits for the child, family, and the community. Any person or organization that can create the vision, communicate clearly the mission to be accomplished, and is willing to knock on all doors can find funding either in finances, donated services, and/or functional coalitions.

- One concern is the low priority social service issues receive. There is very little rural health care unless one is insured or has money. When local doctors will not take Medicaid cases, families often have to travel far. There are barriers of distance and poor road conditions. Another obstacle is the ignorance of some people of available services and fears of "mysterious" government programs and bureaucracy.

- Differences in telephone exchanges and area codes increase the difficulty and/or cost of communication. Political boundaries (township and county lines) are arbitrary and sometimes hinder collaborative efforts, especially shared resources.

- Turf issues can be a problem, e.g., there are ten separate districts in our county, each an entity to itself with little inclination to share resources. There is disinclination to allow the county Office of Education to spearhead countywide integration programs. Communication between agencies is complicated partially because of turf issues but also because of the separatism which has existed historically. Efforts to integrate services were successful due to recognizing the needs of the at-risk population; services already in place at the site; and a strong commitment from social service, health, mental health agencies, and non-profit service providers to unite for a common goal.

(4) What health and/or social services generally are offered in rural areas? What services generally are not offered?

Although a wide variety of health and social services are offered, there are many omissions. Generally, mental health services are not as evident as they might be. The existence of -- or lack of -- resources is the determining factor in what is or is not offered.

The following responses are indicative of the wide-range of services available and, conversely, not available:

- Services available to everyone in the county include: crisis intervention, welfare, hospital, Big Brother/Big Sister, clinics, and counseling services.
- Almost everything is offered: AFDC, social workers, well-child clinic, hospital, etc.
- The health department is the only health service provider and the Department of Human Services is the only social service; we have a mental health service, but it is 30 miles from our school.
- After-school activities and recreational events are not offered regularly; children find it difficult to get together with children their own age.
- Counseling and medical services are offered, but dental is not.
- Medical care frequently is lacking; there is limited availability of primary as well as tertiary care; county health and mental health facilities may be lacking or inaccessible; facilities for the homeless, food banks, and clothing banks generally are unavailable.
- Most services when offered on-site are adequate, but many services are not available. Needed services include child care, parent effectiveness groups, and social services including probation. Counseling and parenting education are the greatest needs and most difficult to meet at the level of intensity for which they are needed. Child care is dominant and the hardest to offer.
- Medical care, dental care, family planning, mental health, and nutrition services are not always given in rural settings. Or, if they are, having a Medicaid provider may not be possible. The County Health Department has a limited dental clinic, but is 27 miles up the road, does not take periodontic patients up to age 6, and has its own criteria for being used.
- Mental health services are not available generally. People must drive 19 or 20 miles to access the local Community Mental Health Centers. Children are able to be seen by an outreach worker if a referral is made through the school for services to assist the child in school-related performance, but it is not generally available; money for

these services from the provider runs out about in March (school ends in May). We also see a good deal of obesity; the only way it is being addressed is in groups in the schools. The elementary school started a parent and child group, the Healthy Lifestyles Group. We have only one good day care facility. We have Latchkey at the elementary school. We brought in the representative of a regional child care program who handles applications for subsidized day care.

- Public/private health providers are limited. Very few specialists, such as pediatricians, can be readily reached. Limited health care providers who will accept Medicaid reimbursement also has been a problem. The same situation arises with mental health and social services. Limited staff and large case loads impact service delivery. We are fortunate in having on-site mental health counseling two days a week. Also, we have a licensed professional nurse on staff who cooperatively plans, implements, refers, and monitors health services, and provides a link between families and health, social services, and mental health professionals.

- Services generally offered include AFDC, food stamps and Medicaid eligibility operations, health care, WIC, child welfare protective services, early intervention for pre-schoolers, after school child care, Head Start, adult education, employment services, parenting workshops, parent involvement centers, and dropout prevention classes. Health services are at a minimal because of lack of funding. Only rural locations that can support at least a part-time work load are serviced through outposted personnel.

- Our area has two outbased mental health counseling center sites but no health care provision except for private physicians. No local doctor will accept Medicaid. Medicaid participants must use the hospital's emergency room. The County Health Department is more than 30 miles away.

- Generally, the following services are offered: mental health counseling -- individual group, family, crisis intervention, psychiatric and psychological evaluations; health -- maternal, basic, immunizations, examinations, dental, nutrition; and basic needs -- through food stamps, food shelves, and clothing closets. Generally, the following services are lacking: substance abuse treatment, particularly outpatient counseling, aftercare and continuing care support groups; treatment for eating disorders; in-home, intensive family counseling; residential treatment and group homes; and day care.

- We have a county health nurse and school nurses. Our program is working on getting some type of health care into the county such as a traveling service. There are community hospitals in the region to provide general services. Specialists travel to our hospital on a monthly schedule.

- Our is a "one-stop shop" for all of the following identified services and opportunities including youth and family services, adult and alternative education, career and professional training, staff development for schools and agencies, child development center, community education, employment services, and vocational training.

(5) Where are the health and/or social service agencies located? Are services actually provided in rural schools? If not, where are they provided?

Although services increasingly are being provided in or near schools, some services are provided in satellite centers in the community.

Respondents noted that services are provided at a variety of sites, for example:

- Services are located at the elementary and middle school.
- Agencies come to all of the schools and the center to offer services, especially health.
- Agencies are located in the community; no services are provided in the rural schools.
- Both public and private agencies are making efforts to outstation workers.
- Most health and/or social service agencies are located at the county seat; social service agencies usually only get involved in rural schools if there is some reported problem such as child abuse or neglect.

Other relevant responses are as follows:

- There are two generally acknowledged models. In the school-linked approach, school facilities usually play a vital role as the place where services are offered; the focus of service is on the child's needs. The community-based approach usually houses services in other than school facilities; families are the primary target for services. In our Center, there is a synthesis of the two models. The district provides the organization, administration, liaison, and reception services for the Center. The community-based model is evidenced by the physical separation of the Center from other facilities; the Center is open to walk-in clients from the community and bases most of its offerings on needs expressed and/or demonstrated by adult community members.
- Heretofore, all health/social services were provided at the agency. With the implementation of the resource center, we now are offering services at the school site. There have been instances when resource center staff have provided transportation to agency sites if needed. Initial intake must be done at the agency site so that billing can be filed from there.
- Services are increasingly located in rural schools. If not, they are in nearby community or Family Service Centers.
- At this time, limited service takes place directly on school sites. However, we satellite some services out -- services adolescents and their families don't want in the schools because of privacy needs. Our track record has made us welcome in schools.
- The majority of services traditionally has been provided within the agencies. With the funding of the Center, agencies also provide services there, although on a limited basis, for middle and high school students and their families. Through our contracts, agency personnel also are going into the regular school buildings more and seeing kids there. For some services, students and their families still go to metropolitan areas.

(6) Who are the primary targets for rural service delivery: all students? at-risk students only? families?

Although the primary targets vary, to a large degree they focus on at-risk students -- educationally, socially, and economically disadvantaged, the traditionally underserved. Some attempts are being made to include all children, youth, and their families since, as one practitioner noted, "any student on a given day can be at risk." The overall trend, as another practitioner asserted, is the focus "on the child in the context of the family, not in isolation."

Some of the other relevant responses are as follows:

- Initially only at risk were served, but it quickly expanded to all students and families, as needed.

- We attempt to work with all students, but our predominant focus is on the at-risk child and family.

- All students and families need help at some point; eligibility criteria would exclude many troubled youth and families.

- Our primary targets are not only at-risk students but also students with disabilities.

- There are three levels of service delivery in the full-service school concept. (1) The largest number of services are generally available to all. These services may be economic aid or general education classes; the services also may provide prevention activities, such as a health fair and safety day. (2) Students in need of chronic care usually are served at the school site with existing and supplemental service personnel over a long period of time. (3) Students in need of crisis intervention are served at the school site. The program primarily targets students and their families; however, there is coordination to cover both pre-school and adult populations.

- Traditionally, only the most at-risk students were targeted, and then only after they got into significant trouble. With the Center, we are able to treat all middle and high school students, under the premise that any student on a given day can be at risk. Because we are small we try to treat problems before they become explosive. We try to keep kids out of foster care. We also try to involve the whole family, believing that we are not likely to "fix the kid" if we do not also "fix the family." Priority must be given to those students severely at risk, i.e., low income, behaviorally disabled, special education, abused, delinquent, and homeless children.

- The primary target has been the at-risk student. Our resource center funding base is calculated on numbers of free/reduced price lunches; however, the services which flow through the center are available to all students and families.

- The primary targets are the educationally, socially, and economically disadvantaged. Families with disabled children and/or adults without high school diplomas are the focus of integration efforts. Many agencies combine to provide holistic services to disadvantaged families. Within these primary targets, one will find specific services for at-risk youth.

- The program primarily targets at-risk youth between 13 and 19. The at-risk categories used by all of the state's programs are dropout, pregnant or parenting, academic deficiency, truancy, family crisis/disturbed living situation, substance abuse, depression/suicide risk, classified student, juvenile justice system, and aggressive behavior/anger.

- Since students at risk receive most of the attention, they receive funding when limited resources are available. However, dealing only with crisis issues can deplete the resources for true prevention services. We are convinced that in an unhealthy community all are at risk. We could demonstrate this in a number of rural, isolated communities.

- Since we are a prevention and primary care facility, we target all students but make sure we see at-risk students. Since our site is located in the middle school, our clients must be enrolled.
- The targets are all students who do not have another means of accessing health services via private insurance. Even those students would be screened if there appeared to be a problem.
- Our philosophy is focused on the family as the main service recipient and is based on the feeling that healthy students ready to learn come from healthy families. Populations being served include displaced workers, GED students, alternative education students, teen parents, welfare recipients, recovering addicts, victimized children, adults under stress, people with immunization and health needs, people with basic skills deficiencies, and people seeking a myriad of technology and career training.

(7) What individuals and groups are primarily involved in planning service delivery? What role do rural parents and families play in planning and/or implementing service delivery?

Many rural schools are involved in planning service delivery, as are parents and families to varying degrees. The latter are particularly involved in advisory capacities. However, as one program supervisor noted, "if there were increased project staff, I would have much more parent involvement." The town meeting approach has proven to be a successful initial planning mechanism, at least in the one community cited.

Some of the relevant responses are as follows:

- Parents generally do not get involved, but this is due more to the age of the child than the location of services, i.e., rural.
- Parents, administrators, community leaders, and staff are represented as volunteers on our advisory committee.
- We have an advisory board that includes professionals, parents, and students who offer guidance for policy issues and program operations.
- Parents, families, and churches play the major role in planning services with schools and other agencies.

Other relevant responses with regard to planning and parental involvement are as follows:

- Through the empowerment that develops within the Community Congress Town Meeting, the whole community, including parents and families, is involved in planning and implementing services. Without this approach, decisions typically are made by the established powerful stakeholders, i.e., school boards, administrators, main economic-based providers, etc.

- Rural parents and families participate on school improvement teams that often make recommendations for additional services. Families participate in volunteer activities and are key in planning parenting workshops and events in the school. Our sites host Parent Involvement Centers where parents can check out educational and counseling materials.

- Participants of two school districts and eight service agencies initially planned service delivery to target families through case conferencing. Parents participate in the implementation of the case disposition. It is also beneficial to give parents options, if possible, so that they play an active role in decision making for their children and family.

- Agency personnel in conjunction with school staff do most of the planning coordinated by the Family-School Coordinator at the Partnership Center. Parents are brought in to help in the process when their child is involved. On a broader basis, families sit in on the Center's Advisory committees and the Coalition Committee where their input is solicited.

- An interagency coordinating council has been established. Parents of disabled children, special education administrators, Head Start representatives, and others are getting involved in planning and coordinating service delivery.

- The nature of planning depends on the model being utilized. If the design is a school-linked philosophy, the school provides the initial leadership. Our Center, a school-linked model, has as its plan and service component a Site Council empowered by the school board to direct the planning for service delivery for the site. Rural parents and families play an important part in planning in that they have been surveyed, questioned, and involved to determine needs. In many cases, they are involved in the actual delivery as volunteers or recipients of the service.

- All agencies as well as rural parents and families are involved, e.g., the County School District, the County Social Services, County Health, County Library, County Coalition Council, Board of Cooperative Educational Service, Mental Health, and a local hospital and a local college.

- Groups primarily involved in planning service delivery are the local Department of Social Services, Office of Economic Development, Mental Health, and the BOCES. Rural parents and families are just now being accessed to contribute to interagency networking. This is partially due to the Commissioner of Education regulations that require parents to serve on the Shared Decision Making boards of schools.

- Parent participation in planning has been limited to small groups of the same parents involved in such school activities as Parent-Teachers' Clubs and Site Councils. It is difficult to obtain input from a majority of parents on any given issue.

- Groups generally involved include the school systems, local churches and other houses of worship, PTA groups, and interested parents such as Pop Warner and Little League parents. The adult community school also has a role in providing services during the year and the summer. Local police also play a role since they are interested in maintaining a safe community.

(8) Are rural parents generally accepting of the health and/or social services that are offered?

Although most rural parents generally are reported to be receptive to the services offered, one practitioner noted, "I wish they were not so satisfied with the level of services they receive." On the other hand, some parents seem uncomfortable with mental health counseling and, in some areas, health services are confused with family planning.

Other responses are as follows:

- Rural parents have been overwhelmingly supportive.

- The majority generally are accepting of health and social services once they are aware of and can access them.

- Parents are accepting, but the biggest problem is follow up.

- Generally they are accepting unless there are ethnic barriers, old feuds, or the services are designed in a far away mega-agency with little or no relevancy to the rural areas.

- Rural parents have wholeheartedly supported the opportunities provided and have taken seriously the opportunity to access available services. The key to utilizing the Center's offerings has been outreach workers who follow up on referrals and contact prospective clients.

- Rural parents appreciate any assistance they and their children receive. We found that the popular saying of "Parents just don't care!" is completely untrue. They care. But they just don't know where to turn for help. Without exception, parents have given permission for multi-agency case conferencing to plan services for them.

- Parents are receptive to the services because the services are not directly school related -- which maintains privacy. Health areas involving human sexuality remain a sensitive area. The abortion issue is a key one. Parents, for the most part, sincerely believe their children are not sexually active. Denial is a major issue. Many parents would be terrified knowing their children have gone for HIV screening. As far as services (e.g., AFDC and food stamps), many who are eligible will not apply. Pride is important; convincing them to apply takes time and understanding.

- Rural parents generally are receptive to health and social services. However, some are very closed systems and do not want family secrets exposed. Others lack sophistication in understanding the system. A stigma still exists with public assistance and with mental health counseling. There also are concerns over confidentiality, particularly in a small town.

- Economic services and state Health and Rehabilitative Services are most accepted; second would be the child care referring agency.

- I wish they were not so satisfied with the level of services they receive. They need to be more assertive in asking for needed services and aware of the services available.

(9) To what degree are rural schools involved in the governance of interagency collaboration efforts?

Rural schools are involved in the governance of interagency collaborations, commonly through the involvement of school boards. Other stakeholders play advisory roles. Some service integration efforts are managed either directly through other agencies or by contracted services. On the other hand, one project director responded with two words: "very little."

Some of the relevant responses are as follows:

- Schools generally have been the lead agency, although our hospital has lead in many health issues.

- Rural school representatives have an equal opportunity for input and policy making on our interagency council.

- They are involved significantly, especially when a town hall meeting/community involvement focus has been maintained.

Other responses on governance are as follows:

- Our district assumed the lead agency position because the concept originated at the state level between the Departments of Education and Human Services. However, the school does not necessarily have to assume this role for the effort to succeed. What drives the effort are common goals and commitment.

- Our school is involved because the Center is governed by the school board whose members vote on contracts with agencies, staff hiring/firing, and budgets, and decide whether or not the program exists at all. Middle and high school principals approve all referrals and extensions for services. The project director consults with the school's business manager on financial concerns and must get approval on money to be spent. Guidance counselors determine the students to be referred.

- The district is the ultimate governing body. The local board has empowered a site council to make decisions relative to the offerings through the Skills Center and has employed a director to oversee day-to-day operation. The superintendent oversees all school offerings and activities. Consequently, the Center director functions as an assistant superintendent or building principal responsible for the offerings of the Center, much as a high school or elementary school principal in their day-to-day activities.

- The rural system is not bureaucratic or paper oriented. It is a quick phone call or exchange of information at meetings in the county since most see or speak to each other regularly. Although the coordinating link is critical to success, depending on the number of agencies needed to be coordinated, it can also be time consuming.

- Most collaboration efforts are external to the school. Most networks are not governed, so to speak; most take place through contracts or informally (a "gentleman's agreement"). Any form of governance that exists is through advisory boards who advise rather than govern.

- The school is the host agency, maintaining fiscal control of almost all funding. Many collaborative agreements are signed. Some fiscal control of specific areas of service delivery is managed through other agencies either directly or through contracted services.

(10) In general, what is the status of resources (human, financial, technical) for service integration in rural areas? Are there any special rural funding concerns?

The status of resources in rural schools and communities can be summed up very precisely: they usually are available but, for the most part, are limited. Nevertheless, one creative school superintendent explains several ways in which his district's center has been developed with minimum expenditure of district dollars.

Several illustrative responses are as follows:

- Finances are strained due to the low tax base; there needs to be more funding for outreach and prevention.
- We run out of people time before we manage to solve all of the problems.
- It is difficult to attract needed resources; speech, occupational, and physical therapists, and the like are difficult to find and keep.
- The services and professionals are limited; salaries for professionals are relatively low.

Other relevant responses are as follows:

- Human service resources are limited but available. Financial resources are practically nonexistent. Technical assistance is fairly untapped. There are special funding concerns: lack of financial resources to help families who have no insurance and are not on Title XIX, particularly those needing to send their children to inpatient treatment for alcohol abuse, eating disorders, etc.; lack of transportation; lack of inexpensive but good day care; and, specific to our community, lack of financial support so we can continue to provide coordinated services.
- Human resources are limited. Given geographic barriers, time devoted to travel within the county detracts from time devoted to deliver services. It is easy for legislators to cut services to rural areas due to their eroding population base, lack of industrial development, and the close physical proximity of lobbyists from urban areas to state government officials. It is difficult to invest in and represent rural interests in a nation whose power base is funded in urban and suburban areas.
- There seems to be very little funding specifically designated to rural sites. Service integration depends on a rather sophisticated understanding of the existing service delivery system. Relocation and reallocation of funds are often required to meet the needs of the rural areas. There is a dramatic lack of funds for transportation!
- In an area such as ours, with a high senior citizen population, part of the population finds itself trapped by a lack of desire or ability to fund community projects. There is a continuing need for outside funding more here than in urban or suburban areas so that integration may be expanded. In rural areas, it usually appears that the local system has to pick up the cost since the major service agencies do not have necessary funding.

- Typically, rural areas do not have a strong diversified economic base and service providers are doing more than is physically or emotionally healthy. We are trying to develop a nurturing and supportive environment rather than competition for the limited dollar. Everyone recognizes the high level of need and limited resources.

- The sharing of staff time, facilities, in-kind services, and funding has been instrumental in our success. There has been no direct funding to the project itself. Although this has been somewhat prohibitive in being able to expand services, it has provided important documentation of school and community needs. This documentation has been instrumental in securing additional agency staff as well as new agency positions. Continuity of funding can be a problem as new programs have been started and then dropped at the end of the funding cycle regardless of need or success. It is difficult to do long-term planning based on needs' assessments when there is no guarantee of resources.

- There are less available resources. Funding for public health, mental health, and child welfare services was reduced with realignment. In our county, the Board of Supervisors has appeared unwilling to commit dollars to additional funding of these programs. Thus, service providers are in a position to provide mandated services only and are unable to do anything extra. Categorical funding issues present thorny problems, which are probably not unique to rural counties.

- Our county is limited in all resources since funding depends on population. There is no equitable model for funding distribution that takes the rural population into account. An equitable funding system would base itself on a scale that considers cases identified and in need of service, not on existing populations.

- The Center has been developed with minimum expenditure of district dollars. Initially, the outside providers who desired to enter the collaborative brought their services to the satellite service center. The district moved its administrative office and staff into the Center to provide the supervision, evaluation, and reception services. From the beginning, requests were made by the superintendent for financial contributions from businesses and community members; the resultant donations have kept district expenditures to a minimum. The funding concerns also have been addressed by a focus on grants and other funds available from private and public donors. In many cases, revenues generated by people taking advantage of the Center's services will further contribute to the funding base. For example, every student who has dropped out and re-enters the Skills Center Alternative Education program generates state dollars for the LEA. In addition, if we have students entering the Teen Parenting or the Life Skills Program, the state reimburses the district for these students until they reach age 22.

(11) Are additional facilities needed for service delivery?

Facilities are usually an important concern, but not always, especially in one community that "lost a third of its population in the last ten years." Sometimes, "the existence of a facility arrangement determines whether the service can be delivered at a rural site." The responses ranged from "yes, we need more office space" to "building space is not the problem; it is getting adequate services to or in the facilities." One program supervisor indicated that in-county treatment centers are needed to address addiction, mental health, and physical health problems and that "we don't have a place to house homeless adolescents."

Other relevant responses are as follows:

- Typically the structures are small, having been built for specific purposes: schools for education, granges for meetings, churches for religion. Sharing and collaborating can help with limited resources. Many attempts at sharing and collaborating are being made.

- A centrally located building is needed where all agencies could have offices. A one-stop service center would help eliminate transportation and day care problems, if day care could be located in the building. The Center needs to be in a more central location and needs more room.

- There does not necessarily have to be additional facilities, but there is a need for that consistent point of contact for agency staff and families.

- Facility concerns are critical. Our state recently allocated Capital Outlay Funds through the Department of Education, specifically designated for constructing facilities to be used for collaboration at school sites. This has dramatically increased collaboration on school sites. Often the existence of a facility arrangement determines whether the service can be delivered at a rural site.

- It is possible that churches and other buildings not fully utilized could provide part of the needed space. For best results, however, the facilities we presently have are and have been deemed necessary. With this space, we have room for expansion. We are presently offering a variety of services that we could not put in facilities owned and operated as school buildings.

- Additional facilities that are economical and accessible are needed in a generic sense. Mobile units and satellites are very costly. Often satellite centers are maintained in an effort to provide services to a limited population; this is not cost effective. Service delivery in a rural area is a great challenge.

- A related issue is the necessary match of facilities to planned services. Too often a building has been acquired or built first with a hope that services could be delivered adequately from any setting. Although, any facility is better than none, experience has shown that many obstacles to collaboration arise from facility-related concerns.

(12) How do rural schools and agencies respond to state mandates on these issues?

Practitioners' concerns about state mandates vary. Some states support but do not mandate collaboration. Some practitioners indicated that their states have established mandates but do not always accompany them with sufficient resources. One project director simply answered this question with one word: "slowly." However, the vision, commitment, time, and energy needed to motivate people and organizations to want to collaborate appear to be the essential factors for success.

Some of the relevant responses are as follows:

- Schools and agencies adhere to all the state mandates in order to be eligible for state funding.

- Most state mandates come with no monetary resources to make them happen; we do our best.

- The soundness of ideas behind mandates are generally recognized; however, limited funding leaves superficial or no response to many mandates. It is unfortunate that mandates are not backed with funds. In fact, fewer funds for mandates are currently coming into rural counties.

- With the state mandate for developing the resource center concept, there has been mixed reactions. In the initial pilot projects, only 13 or 14 districts agreed to implement the concept. Some didn't get off the ground. I'm personally not so sure you can mandate collaboration; it is people who integrate services, not agencies. If there is no commitment, there is no way it can succeed.

- Recent state legislation has called for integrated services in all schools. The Center grew out of a need for student readiness that was much more motivating than state legislation. In my opinion, rural communities that are successful with integration will be successful because of a commitment by someone to organize a system to make a difference rather than because a district responds to state mandates. Nothing in such mandates can motivate a person or organization to spend the extra time or energy, usually with very little if any additional funds, necessary to create a successful integration.

- The key to response on state mandates is the level of knowledge of the building administrator.

- State mandates may act as catalysts for integration by bringing people to the table that never entertained the thought before. The only mandate we are aware of in our state is Job Opportunity and Basic Skills through the Welfare Reform Act that requires employables to obtain a high school diploma and become gainfully employed. Our BOCES contracts with the local Department of Social Services to provide services.

(13) What evaluative data do you have on the effectiveness of rural services delivery?

Rural schools are not yet deeply involved in evaluation efforts, although there are some exceptions. By and large, it appears to be too early in the implementation process to identify extensive results.

The relevant evaluation responses are as follows:

- In a rural community, statistics don't mean much. What matters is when a parent, adolescent, or referring source calls for help and receives it honestly and within a timely fashion. That is the measure of success. Good service is the taxpayers' evaluation data.

- At this time, we are six months into the program and are ready for our first progress report. We know that some of the needs that motivated the development of the Center are being met. There are many needs that were identified from the beginning that will require a long-range effort to see major accomplishments. We can see small changes that indicate that differences are coming, but we are really too early to identify results that demonstrate major accomplishments of some of the major goals.

- We have a computer database that tracks contacts by service (health, mental health, or employment), and by sex, race, socio-economic condition, grade, age, and disability. Outcomes are measured by grade point average, attendance, drop-out rates, retention rates, individual testimonials, and surveys.

- Not all agencies are outcome-based. Effectiveness can mean many things: the number of people served, the change in behavior as a result of services, etc.

- We have seen positive feedback of school board, administration, and faculty; an increase in the number of students and families seeking services; and significantly lower pregnancy rates, truancy, suspensions, and dropouts.

- We have gathered some helpful data regarding needs through a mapping project. Unless you actually go there and ask questions, you wouldn't be able to capture the informal or atypical service delivery vehicles that exist in rural communities, e.g., volunteer fire departments, Grange Chambers of Commerce, PTAs, churches, and clubs.

Conclusion: Service Integration through the Rural Prism

Again, one primary conclusion can be drawn from the information and insights presented in this section, namely, that certain aspects of life in rural schools and communities need to be considered in order to make service integration work. How these aspects are perceived by this writer is illustrated in Figure 1. As "the rural prism" indicates, four types of resources need to be addressed: financial, human, technical, and knowledge-related.

Financial resources generally are limited. As a result, educational, health, and social services often are more limited than in metropolitan and suburban areas; human and technical resources also are adversely affected.

Human resources are stretched thinly, since both school and community agency staff are more limited in number and available time. On the other hand, school/community relationships often are closer. Because of their smaller size, rural schools and community agencies have "to make it work," since often it is a matter of survival.

Technical resources, particularly those relating to accessibility of services and transportation, are of great concern, as is the need for staff development and technical assistance in planning, implementing, and assessing service integration.

Lastly, there is the issue of **knowledge resources.** Although rural school personnel often have considerable knowledge of students and their families and of the available community resources (or lack thereof), and although networking and communication seemingly are easier, rural school staff need to know what has worked elsewhere and what may not work as well. In short, although the educational, health, and social service needs often are extensive, resources in rural schools and communities often are quite limited.

In order to overcome these resource limitations, a strong feeling is evident among those surveyed that creative mechanisms can be developed along with the appropriate team leadership, the necessary matching of facilities to planned services, and -- most importantly -- the vision, commitment, and long hours of hard work needed for successful service integration efforts.

Figure 1

SERVICE INTEGRATION THROUGH THE RURAL PRISM

Human Resources

- Both school and community agency staff are often limited in number and available time. Their projected roles are extensive and often they are required to do more with fewer resources and less support.
- The relationship of the school and the community often is close in rural areas. Some people know each other, trust may be easier to build, and "turf" may be easier to overcome.
- Since rural school and community agency staff often tend to be more cohesive because of their smaller size, a greater propensity exists to collaborate, "to make it work." In order to survive, they have to work together.

Financial Resources

- Financial resources in rural schools and communities generally are more limited than in metropolitan and suburban areas.
- As a result, educational, health, and social services often are more limited, particularly in such areas as child care and parenting education. Since there are fewer health care providers, certain services are provided at minimal levels, if at all, (e.g., mental health services).
- Human resources and technical resources also are adversely affected.
- Rural schools and community agencies have a continuous need for expanding their funding and pooling their resources more extensively.

Technical Resources

- Accessibility of services and trans- portation are two of the more serious problems in rural areas. Rural communities also are some- times lacking in the variety and quality of health and social services.
- Staff development for teachers, administrators, counselors, and other support staff is limited. Cross training of school and community agency staff also is limited.
- Technical assistance generally is underdeveloped and often is needed in planning, implementing, and assessing service integration efforts.

Knowledge Resources

- Rural school teachers and administrators often have greater knowledge of students and their families and the available community resources (or lack thereof). They also have numerous roles to play in terms of knowing where to refer students and their families and knowing how to recognize more than superficial classroom behavioral problems.
- Networking and communication are seemingly easier in rural schools and community agencies. Closer school/community relationships serve as building blocks for enhanced communication.
- Rural school personnel -- teachers, administrators, counselors, et al. -- need to have greater knowledge about such systemic reform efforts as service integration and school restructuring. Moreover, geographic and professional isolation need to be overcome, and information and insights shared as we continue to develop the knowledge base in this area.

PART III: PLANNING FOR SERVICE INTEGRATION

Part II presented a view of service integration in the rural context. In this section, the following four planning-related questions are considered: what should rural school teachers and administrators do? what are some of the major guidelines to consider? what are some steps along the way? and what questions are being asked and should be asked? In addition, three specific illustrations are presented based on reports on Family and Youth Resources Centers in Kentucky, visits to rural sites in New Jersey's School Based Youth Service Program, and two public forums in Delaware.

What should Rural School Teachers and Administrators do?

If rural educators envision having roles in service integration, they should begin to assume advocacy roles in supporting relevant state and federal legislation and policy development and ombudspersons roles in supporting the rights and needs of children, youth, and their families. By doing so, hopefully, they will enhance their resources in order to make service integration a more common -- and effective -- practice throughout rural America. Rural educators undoubtedly will wish to consider ways to enhance resources, plan their efforts, and "cluster" to overcome resource deficiencies.

Enhancing Financial Resources

The recommendations of Farrow and Joe (1992) have a great deal of relevance for rural schools, i.e., a core of funding is needed to support a basic social service staff to ensure resource coordination; funding from general revenues should be used either for program development or direct services; and districts should use dollars that already are invested in the service system.

Enhancing Human Resources

Rural schools need to enhance their human resources by both adding and preparing staff to uphold their end of service integration. A grassroots person who would be in the school to coordinate available services is strongly urged.

Enhancing Technical Resources

Rural schools need to work closely with their state education agencies since many of them have developed excellent resources and with the educational laboratories in their ten regions, all of whom are involved in some aspect of service integration research, development, dissemination, and technical assistance.

Enhancing Knowledge Resources

Rural schools need to extend their knowledge bases since knowledge and informational resources -- not just finances -- are crucial. Needs' assessments are an essential first step in determining gaps in services needed and services delivered. Using surveys to assess the needs of students, parents, and teachers is a good place to begin. (See Appendix C.)

Clustering Resources

The fact that rural schools generally are limited in resources often means that they must begin to communicate and eventually share resources with other rural schools. This concept is called "clustering." "Clustering," "consortia," and "cooperatives," by whatever name, the idea of rural districts working together for the benefit of everyone is an idea whose time has come. The concept has been developed by the Mid-continent Regional Educational Laboratory (McREL) under the direction of Paul Nachtigal, former program director of the Rural Institute. While a cluster originally was conceived as an informal arrangement between neighboring schools to share in-service costs, the practice has grown to include a wide range of applications in order to bring teachers together to share curricular and instructional ideas.

McREL suggests the following necessary conditions for clustering: there must be an "official" recognition that small rural schools have unique educational problems and potential; outside organizations should serve as neutral catalysts in exploratory meetings; superintendents must represent the district in the initial meetings; those directly affected by the problem must have a role in initiating the solution; the problem being addressed must be important and the solution relevant; and outside organizations that have knowledge, skills, and resources to contribute should be active collaborators (Nachtigal & Parker, 1990, p. 15).

The concept has great relevance to service integration, since many rural districts are attempting to find ways to overcome their relatively limited resources and are exploring ways to redesign their schools so that they might function as comprehensive community learning and service centers.

What are Some of the Major Guidelines to Consider?

The service integration knowledge base is growing rapidly. There are now a countless number of "helpful hints" and "guideposts," many of which are based on the observations of various practitioners who, in some cases, have been involved with service integration for the past decade. This section summarizes a number of the major policy, program, and process guidelines reported in the literature. Perhaps the most important guideline is that there is no one best approach. As indicated above, it is not a matter of finding the correct "model" to adopt or adapt as much as finding the proper "mix" of what is needed and what realistically can be provided.

Accessibility

Access to a wide array of prevention, treatment, and support services is the first essential element of any comprehensive delivery system (Melaville, with Blank, 1991, p. 36). The concept also implies access in terms of location and eligibility requirements.

Administration

For collaboration to occur, it is necessary to create an entity with authority to modify roles, assign financial responsibilities, resolve disputes, work toward institutionalizing needed changes, and establish forums for ongoing communications (U.S. General Accounting Office, 1992, pp. 14-15).

Balance

Although all schools and social agencies bring something to the table, it does not have to be direct services; it could be in-kind contributions, technical expertise, or needed information. Balance implies examining how existing resources are being used, whether there are deficiencies, and how services might overlap (National Association of Secondary School Principals, 1992, p. 1).

Collaboration

Dunkle and Nash -- in Kagan, Rivera, and Parker (1991) -- describe collaboration as "dancing with an octopus" (p. 2). The concept connotes more durable and pervasive relationships than cooperation or coordination. According to Kagan, Rivera, and Parker, the intent is "to bring previously separated organizations into a new structure that transcends individual or episodic interactions" (p. 5). Kagan and her colleagues identify four variables essential for guiding collaboration: (1) goal setting is crucial to developing and efficiently operating collaboratives; (2) the lack of fiscal and human resources places burdens on collaboration; (3) although leadership sharing may occur informally, usually one individual is recognized as the primary possessor of authority; and (4) flexibility, not suprisingly, is the sine qua non of successful efforts. They conclude with this accolade and caution: although collaboration is an effective strategy, it is not a panacea but rather "a single instrument in the large tool box" (p. 18).

Commitment

It is vital to gain, sustain, and formalize political support from both school and social agency leaders to ensure their participation and provide incentives for their on-going involvement (U.S. General Accounting Office, 1992, p. 15).

Community Centered

Children, youth, and their families are the starting and ending points. In between, we need to be sensitive to their cultural and ethnic identities and build on their sense of community. A related concept is the goal of attempting to rebuild the social and economic fabric of families and the social and economic infrastructure of communities. Stone and Wehlage (1992) see this issue not merely in terms of treating individuals but rather of empowering "families to respond to the common problems of their neighborhoods and communities" (p. 24).

Comprehensiveness

Rather than using the single bullet approach, schools and social agencies need to ensure that children, youth, and their families receive comprehensive assistance when needed. Although comprehensiveness is the ideal, it may be wise to start small and not offer every service -- at least not initially (National School Boards Association, 1991, p. 7). Most rural schools have little choice but to begin with addressing services that are clearly needed and then enhance resources as time, energy, and creativity permit. As Deborah Jolly of the Southwest Educational Development Laboratory (in personal correspondence, nd) points out, comprehensiveness -- or inclusiveness -- is only determined after an assessment of needs is accomplished. Since needs vary from community to community, the agencies involved in the collaborative will vary. The goal is not to get all groups involved but to get every pertinent group involved. In general, the more players there are, the more difficult the collaborative effort becomes. However, as Jolly indicates, program planners will want to include everyone who is important to the success of the program being developed.

Criteria for Development

Since school-linked services are in a relatively early stage of development, criteria for development are evolving. The compilers of the following criteria (Center for the Future of Children staff, 1992, pp. 9-12) note that few of the current efforts meet all of these points. Still, it is important to have a barometer on which to plan programs and gauge progress. The suggested criteria are: participating agencies have to work together in delivering services; change how they deliver services and work with each other; planning and implementing should not be dominated by one institution; services must be tailored to needs; each participating agency should redirect some of its current funding to support the collaboration; efforts need to involve and support parents and families; participating agencies must be willing and able to collect data about what is attempted and achieved and at what cost; and efforts must be responsive to the diverse needs of children and families.

Evaluation

Although there are no guarantees that the efforts will prove effective, measures are needed to assess progress (Gardner, 1991, p. 16). The effectiveness of prevention, treatment, and support services must be ascertained by the differences that are achieved in the lives of children and families (Melaville, with Blank, 1991, p. 11).

Facilitative Leadership

Hord (1992) indicates that in facilitative leadership, the leader attempts to change or transform "the organization according to a vision preferred status" (p. 22). She identifies a six-part framework for the leaders' roles in facilitating change: creating an atmosphere for change, developing and communicating the vision, planning and providing resources, providing training and development, monitoring progress, and continuing assistance.

Family Orientation

The focus must be on children and youth as family members rather than isolated individuals. The entire family's needs must be assessed and addressed. There must be a commitment to empowering families, i.e., they should have a voice in identifying and planning how best to meet their own needs (Melaville, with Blank, 1991, p. 11).

Flexibility

Less rigid regulations, redefinitions of traditional roles, more adaptable plans, and flexible funding need to be pursued. Kusserow (1991b) cites a 20-year veteran of service integration initiatives who stated that "if you don't have some flexible funding...the task of coordination is going to get extraordinarily difficult" (p. 9).

Follow-up Services

Providing services is not enough; schools and social agencies must ensure that those who need services receive them. "One-stop" offices and the use of single case managers have proven to be useful follow-up approaches (Melaville, with Blank, 1991, pp. 9-10). The caveat, however, is that acquiring funding for these types of services often is difficult.

Funding

Radical transformation often is needed in designing diversified "funding streams" (Gardner, 1991, p. 16) and "braiding of funding" to promote cost reduction and cost benefit (Nissani & Hagans, 1992, p. 8). Programs can be funded either through single sources such as Head Start or the mixture of public and private funding. Care must be taken to stay within legal regulatory guidelines for fund use. Also, efforts to modify existing regulations may need to be pursued.

Goals and Shared Visions

Schools need to be clear about why they are collaborating with a particular agency, their mutual concerns, and target populations on which they focus. Collaboration is "a means to an end, not an end in itself" (Bruner, 1991, p. 26), since the ultimate goal is more productive lives for children, youth, and their families. Although methods may differ, goals and shared visions keep everyone on track. Perhaps no one stated this better than Senge (1990) who views shared visions as "a force of impressive power" (p. 206).

Holistic

Many persons who write about service integration use the term "holistic." Gardner (1991), for example, asserts that one must treat "the whole person in the whole community, holistically, seeking harmony. For such a person, treating only one of the needs of a child or family would be inconceivable, because it was only the whole person in the family in the community that would make any sense at all" (p. 20).

In-depth Knowledge and Communication

It is essential to know the agencies with whom you will be involved, learn how potential partners operate, establish formal and informal communication structures, look for areas of agreement, create an effective working climate, and keep your own staff well informed (Melaville, with Blank, 1991, p. 37). The National Association of Secondary School Principals (1992, pp. 2-3) suggests several ways to get to know the agencies with whom you might collaborate: work with licensed and accredited agencies; talk with staff from other schools about their experiences with the agencies; request a statement of the agency's professional standards; request a certificate of insurance showing type limits and expiration dates; assess the agency's resources; determine the agency's network of referral sources; determine how the agency's programs are evaluated; and -- if everything is in place -- work jointly in planning programs and procedures.

Leadership Teams

Gerald Stinnett, former school superintendent in rural Glendale, Oregon and currently superintendent in Williamston, Michigan (in personal correspondence, 6/6/93) indicates that one of the major guideposts, a major criterion for success is leadership, which usually is not possessed by one individual. Stinnett writes that in order "to maximize the chance for success, there needs to be a leadership team with equally motivated partners from all sectors. (We) provided for these needs by allowing the superintendent to contract the needed expertise from the health and social service sector. He and the other two leaders formed a leadership team with a shared commitment to success."

Networking

It is essential to cultivate and maintain networks of individuals and groups. A diverse set of service integration initiatives exists that could be further enhanced, with greater networking and wider dissemination of information, and expanded, as needed, to incorporate other groups (Kusserow, 1991a, p. 9).

Overcoming Teachers' Concerns

One of the major concerns is that by placing support services in schools, teachers may feel less responsible for children's needs. Not so, says Dolan (1992), since teachers along with families are "the first line of defense for the problems students face" (p. 10). When a difficulty occurs in the classroom, multiple avenues of assistance need to be available. The guiding goal should be "to support, not supplant, the teacher" (p. 10).

Ownership

Teachers, administrators, counselors, and other support staff must be involved in planning and decision making. If the process is viewed as one more burden, the likelihood of success will be diminished (Dolan, 1992, p. 9). A sense of ownership must be shared across schools and service agencies.

Patience

Large-scale -- and even many small-scale -- changes in such a complex process require energy, effort, and endurance. Integration is not a quick fix but rather a time-consuming and intensive process that requires patience, persistence, and the ability to "stick with it" (Bruner, 1991, p. 26). The chances of success are greater if one initially pursues modest, incremental objectives beginning with the highest priority needs (Kusserow, 1991b, p. 16).

People

Service integration "works best where good people are willing to work at it, but it won't work everywhere" (Gardner, 1991, p. 17-18). People must experience the need for integration first hand if they are to possess the energy and persistence to make it happen. Line professionals who work face-to-face with clients are central to the process and must be supported if successful collaboration is to take place.

Planning

"Failing to plan for a better system is planning to fail" (Gardner, 1991, p. 17). Planning is the foundation of any successful effort. Many programs spend at least a year assessing needs, organizing staff, and establishing procedures. New programs generally are phased in by beginning with the highest priorities, building foundations, and developing positive working relationships (Dolan, 1992, p. 9).

Prevention

The focus should be on prevention as well as remediation. Some of the primary preventive approaches are assessment, prenatal care, child care, health care, and early childhood programs (Guthrie & Guthrie, 1991, p. 18). The caveat, writes April Bender (personal correspondence, nd), is that "prevention is very difficult to fund; since so many variables exist when trying to evaluate human actions, it is almost impossible to document the success or failure of preventative programs."

Resource Sharing

Schools and social agencies need to stretch their boundaries, as it were, by sharing management information, developing common eligibility procedures, pooling financial resources, and sharing staff (Dolan, 1992, pp. 9-10). Again, Bender (personal correspondence, nd) points out the difficulty of this approach, e.g., some agencies (such as JTPA) "are so bound to their new amendments that it makes it difficult for them to trust their future to anyone. Their regulations, while mandating collaboration and the reduction of duplication, require such high levels of participation in their programs that some service delivery areas are more tempted to abide closely to every rule and assume full responsibility for their fate instead of linking together with other agencies in an effort to pool resources and expertise."

Roles

The National Association of Secondary School Principals (1992, p. 1) sees the need to clearly define roles and responsibilities for school and social agency staff and suggests that roles change over time and with each collaborative effort. The most important point is to remember that the effort should not be a matter of asking teachers to do more than they already have to do, but rather making the school climate more receptive to other service systems and developing attitudes that all students can learn more effectively if their non-academic needs were met.

Skills

Although several skills are requisite, interpersonal skills, problem-solving skills, and the ability to deal with the ambiguity and stress that often accompanies shared responsibility are essential (Bruner, 1991, p. 26).

Staff Development

Staff development should provide staff with the time needed to understand role changes and understand the advantages such changes can bring. Staff need to be trained in identifying students in need of intervention, knowing how to deal with difficult personal problems, and knowing where to turn for help (Dolan, 1992, p. 10). Other areas of staff development are recognizing and supporting the role of families in students' academic success, revising teachers' interpretations of children's behavior, and rethinking teachers' roles in relation to children's behavior (Melaville & Blank, with Asayesh, 1993, p. 72). Also, cross-agency staff development is essential in providing both school and social agency staff with technical skills to meet their enhanced roles and work together.

Targeting

Service integration efforts are likely to generate more "near-term success" if they focus on well-defined target groups and specific objectives and pursue reform primarily within specific program areas; "...by virtue of being less complex, such a strategy would facilitate priority-setting and performance assessment" (Kusserow, 1991b, p. 8).

Trust

Schools must be candid with their partners about the risks and benefits of working together, be good to their word, and follow through on promises (Melaville, with Blank, 1991, p. 37). After years of working as a trainer in this area, J.O. Elder (1992, p. 22) concludes that trust, mutual respect, and the ability to compromise are the primary characteristics of effective integration.

What are Some Steps Along the Way?

Teachers and administrators who are contemplating service integration efforts do not have to start at ground zero. Several states have developed planning guides. The Florida Department of Education's Bureau of Education for Exceptional Students (1991) offers many suggestions applicable to rural areas for developing a community-based network, using a shared data base, multi-agency case planning, and management. The Florida Department of Education's Bureau of Education for Exceptional Students (1990) also published guidelines on effective group processes, strategies for effective meetings, leadership roles for council coordinators, and meeting formats for action planning. Also, Robinson and Mastny (1989) provide suggestions on creating effective partnerships, collaboration, confidentiality and parental consent, as well as sample survey forms to assess the needs of students, parents, and teachers. (See Appendix C.)

Many steps, phases, and stages have been suggested. Perhaps none is more thorough than the five-stage strategic process in Together We Can: A Guide for Crafting a Profamily System of Education and Human Services (Melaville & Blank, with Asayesh, 1993). Each stage includes a set of milestones that lets collaborators know if they are making progress. The planning/implementation process is conceived as a "spiral" in that collaborators often find themselves "spiraling back" or repeating milestones and stages as new partners are added and the group continues to sharpen its purposes. The five stages are as follows:

Stage One: Getting Together
Deciding to act
Involving the right people
Making a commitment to collaborate
Reflecting and celebrating

Stage Two: Building Trust and Ownership
Developing a base of common knowledge
Conducting a comprehensive community assessment
Defining a shared vision and goals
Developing a mission statement and a community presence
Reflecting and celebrating

Stage Three: Developing a Strategic Plan
Focusing on a neighborhood
Conducting a neighborhood analysis
Defining target outcomes
Designing an interagency service delivery prototype
Developing the technical tools of collaboration
Formalizing interagency relationships
Reflecting and celebrating

Stage Four: Taking Action
Selecting, training, and supervising staff
Implementing an inclusive outreach strategy
Incorporating sensitivity to race, culture, and gender
Evaluating progress
Reflecting and celebrating

Stage Five: Going to Scale
Adapting and expanding the prototype to additional sites
Developing a pool of collaborative leaders, managers, and service delivery personnel
Changing undergraduate- and graduate-level training
Deepening the collaborative culture
Designing a long-range fiscal strategy
Building a formal governance structure
Building and maintaining a community constituency

Promoting changes in the federal role
Reflecting and celebrating. (p. 20)

The authors define "going to scale" as "implementing service delivery strategies that reflect the principles of a profamily system of education and human services in every part of a jurisdiction in which they are needed" (pp. 77-78).

Other anaylsts have provided steps that are similar to those suggested in Together We Can. For example:

Gardner's Three "Escalating" Steps (Gardner, 1989, pp. 23-25)

Establishing "hooks" -- linking a child's or youth's participation in one program to participation in another

Applying "glue" -- assuring that funding is focused on making certain that children get help under one roof from several sources

Venturing jointly -- creating partnerships to raise funds for jointly operated programs and avoiding the tendency "to grow tentacles into other specialities" (p. 25).

Policy Academy on Families and Children At Risk's Three Phases (U. S. Department of Labor, Employment and Training Administration, 1992, pp. 43-44)

Getting to know each other -- respecting each other's values

Agreeing on common projects -- brainstorming new ideas, evaluating and refining ideas, and setting priorities

Taking action -- securing needed approval from constituencies who have been outside the process and following through on individual and organizational commitments.

Weissbourd's Five Action Steps (Weissbourd, 1991, pp. 14-15)

Developing a new kind of line worker and providing training, supervisory, and administrative practices that support this worker in a new role

Untieing the hands of program and government administrators so that resources and services might be used more effectively

Developing and strengthening flexible programs that provide preventative and comprehensive services and piecing them together so that they are more coherent and accessible to clients

Developing stronger collaborations across professional and service boundaries at many different levels

Developing better outcome measures at different levels in the system.

Guthrie and Guthrie's Five Steps (Guthrie & Guthrie, 1991, pp. 19-21)

Mapping the territory -- inventoring the agencies working in the school and those not yet working there; determining who in the school and other agencies might be major players

Surveying the field -- ascertaining what other schools and communities are doing

Reviewing current needs and services -- surveying your populations, interviewing service agency staff, and ascertaining gaps or overlaps

Developing a plan -- establishing a team, agreeing on common visions, setting goals, designing a comprehensive set of services, defining roles, charting the action steps, and evaluating

Getting started -- beginning with manageable tasks; avoiding such pitfalls as "no action, talking only," creating a new bureaucracy, and using an excess of professional jargon.

Imel's Six Steps (Imel, 1992, pp. 3-16)

Assessing the local need and climate for partnerships.

Forming interagency linkage teams -- identifying existing linkages and developing internal administrative support

Forming the team -- identifying and selecting key players

Establishing a collaborative relationship -- conducting purposeful meetings, communicating frequently, maintaining a client-focus orientation, developing shared visions, and including appropriate representation on the team

Developing an action plan -- creating an effective environment, (e.g., sufficient time, neutral location, appropriate planning tools, commitment, facilitation, and information) and developing agency and community support

Following up/following through -- implementing the plan (holding regular meetings, reporting progress, using committees, using timelines, and creating advisory groups); maintaining momentum (rotating leadership, sharing successes, updating plans, and expanding team membership).

Policy Academy on Families and Children At Risk's Seven Steps (U.S. Department of Labor, Employment and Training Administration, 1992, pp. 36-37)

Envisioning a future for children and families -- sharing visions, values, and assumptions about children and families and potential solutions

Understanding policy contexts and social conditions that influence the status of children and families and the environments within which policymaking occurs

Assessing family problems, strengths, and opportunities -- examining the clusters of problems that families experience, underlying causes of the problems, and ways families attempt to cope

Setting outcome-oriented objectives, i.e., family outcomes, system outcomes, and short-term and long-term objectives

Building effective strategies that achieve the desired outcomes -- ascertaining financial, human, and political resources to put strategies in place

Implementing policies -- assessing opportunities, barriers, resource reallocations, personnel, and shared responsibilities; communicating results

Being accountable for results -- specifying indicators that reveal whether outcomes have been achieved.

Alberta Education Response Centre's Seven Steps (Alberta Educational Response Centre, 1991, pp. 11-26)

Knowing your organization's policies, climate, resources, people, and management

Identifying needs, both the clients' and your organization's

Identifying internal and external resources -- knowing what is in place and whether resources are being used to their potential

Establishing and solidifying partnerships -- determining leadership and establish means for ongoing communication

Formulating short-term and long-term objectives -- seeking out useful information and undertake feasibility studies

Developing action plans, roles, responsibilities, and timelines -- gaining endorsements and support

Evaluating all program facets -- contexts, processes, outcomes.

SouthEastern Regional Vision for Education's Nine Steps on How to Collaborate and Implement a Family Service Center (Kadel, 1992, pp. 27-45)

Getting started -- recognizing needs, conceiving options, perceiving that the climate is right, and believing success is possible

Developing a community collaborative council with diverse membership, including teachers, counselors, nurses, and social workers

Identifying a shared vision -- focusing on basic assumptions, sharing awareness of needs, and sharing understanding of desired outcomes

Conducting a needs assessment of current and needed services and who best can provide them

Developing an action plan -- choosing a facility, establishing eligibility criteria, meeting confidentiality regulations, obtaining parental consent, assigning responsibilities, and seeking financial and political support

Selecting a coordinator to work with service providers, handling day-to-day activities, and acting as a liaison between agencies

Implementing the plan -- working out calendar variations among center staff, informing the community, and providing transportation to families and training to staff

Evaluating the program using both formative and summative criteria

Publicizing successes and plans for improvements -- expand available services, develop new avenues of communication, and set up a centralized information data base.

Logan's Eleven Steps (Logan, 1992, pp. 29-38)

Examining existing resources -- contacting the guidance counselor who often is aware of county services and the groups about which you would like to know more

Determining the agencies that can help; if you and your potential partners do not hold similar goals, keep looking for new ones

Reviewing the concepts of partnerships -- working toward common goals; sharing the work and benefits

Contacting the "powers-that-be," depending on your own position in the hierarchy, in order to establish parameters for planning

Running your plans by the "secondary powers" -- soliciting input from all groups affected by the plan

Forming a planning committee, including case workers and parents who must implement the plan

Writing a plan, including objectives, services, and evaluation

Formalizing responsibilities -- making certain you have written agreements about financial and service responsibilities

Evaluating decisions that need to be made before the program begins in order to demonstrate "before" and "after" effects

Monitoring and adjusting the program in relation to the objectives and evaluation results

Evaluating the objectives in order to make appropriate changes if and when needed.

What Questions are being Asked and should be Asked?

Program planners and implementers typically ask a wide array of questions in order to direct their efforts. The following examples of such questions should be useful guides.

Melaville, with Blank (1991, p. 18), poses several sets of questions (which have been slightly adapted below) to stimulate reflection about the viability of service integration in specific cases.

- How are we doing on our own?

-- Are the lives of the students and families we serve improving? If not, why not?

-- Have we reassessed our mission in light of the economic, education, health, employment, and social services needs of our students and families?

-- Are our services well integrated? Do staff working with the same individuals communicate frequently? Do staff, children, and families work together to set personal and family goals? Do we measure the impact of our services on the lives of children and families or simply tabulate the number of services? Do we offer preventive services in order to avoid more serious problems? Are our services organized to respond to needs or are they constrained by the limitations of available funding and administrative rules?

-- Are we well connected with agencies offering services that our students need and do we have effective working relationships with other agencies?

-- When our children and families are referred elsewhere, are we kept informed of their progress and changing needs?

- Do we need to change?

-- How effective will we be in ten years if our childrens' and families' needs continue to increase and we do "business as usual?"

-- What are our resource limitations in developing more comprehensive services?

-- How might closer relationships with other agencies help us improve outcomes for those we serve?

- How ready are we to engage in interagency partnerships?

-- Do agencies serving children and families in our neighborhood, community, or county have a common vision?

-- What is the history of collaboration in our neighborhood, community, county? What lessons can we learn?

-- Who are the community leaders who might play a role in a collaborative effort or assist with expanding and improving activities?

-- What are we willing to pay in terms of tangible resources and loss of unilateral control in order to formulate common goals?

Melaville and Blank, with Asayesh (1993, p. 56) also have developed a "checklist of questions to help make service delivery choices for a pro-family system." The questions, adapted slightly, are as follows:

- What mechanisms will partners use to ensure that a wide range of developmental, prevention, support, crisis-intervention, and treatment services are available to all children and families?

- Which partners have resources (staff, materials, funds, and expertise) or services they could redirect to a joint effort?

- How can partners redirect resources to enhance services for families ineligible for categorically-funded services?

- What steps can partners take to ensure that all families receive services they need, when they need them, while reserving the most costly services for those most in need?

- What services will the collaborative provide for youths not in school and for adult family members, and how and where will the services be provided?

- What mechanisms will the collaborative use to make referrals and ensure followup?

- What measures must be taken to involve the family as a partner in planning and implementing strategies, and to ensure that agencies work to meet family needs?

- How will the collaborative identify and complement family strengths?

- How can partners overcome families' possible distrust of service providers?

- What provisions will the collaborative make to include families who are hard to reach?

- What mechanisms will partners need to ensure respect and appreciation for cultural differences and to prevent undue intrusion into family matters?

- What actions should partners take to ensure that service delivery is equitable, nondiscriminatory, and responsive to needs of all?

- What do partners need to do to establish assessment and treatment which define "normal" in the context of the family's culture?

- Where and when will the prototype provide services?

- What training and supervision should partners provide to help staff understand and accept responsibilitiy for improving outcomes?

- What can partners do to reduce accessibility barriers, e.g., limited transportation, lack of child care, illiteracy, and lack of handicapped access?

- What needs to be done to respect and to use a family's spiritual/religious beliefs and traditions as resources?

- What mechanisms must partners develop to improve accountability for individual and community outcomes and the cost-effective use of existing resources?

In addition, Melaville and Blank, with Asayesh (1993, pp. 119-122) also have detailed a number of questions focusing on each of their five stages for crafting a profamily system of education and human services.

Stage One: Getting Together

- Has a small leadership group decided to act?

- Do the players meet the following criteria for membership in the collaborative: clout, commitment, and diversity?

- Are the right people involved, including: consumers, public-sector organizations, private providers and nonprofit organizations, businesses and business organizations, and elected officials?

- Have partners established a strong commitment to collaborate as evidenced by: deciding that collaboration will work, agreeing on a unifying theme, establishing shared leadership, setting ground rules, and securing financial resources for the collaborative's planning efforts?

- Have partners reflected on their work and celebrated their accomplishments?

Stage Two: Building Trust and Ownership

- Has the collaborative built a base of common knowledge by learning about each other, learning to value personal style differences and to resolve conflicts, and achieving "small victories?"

- Has the collaborative conducted an assessment that identifies indicators of child and family needs, produces a profile of child and family well-being in the community, assesses the existing service delivery system from the perspective of families and frontline workers, maps existing services, and identifies other community reform efforts?

- Have partners defined a shared vision and goals for changing education and human services by learning from others' experiences, asking hard questions, and writing a vision statement?

- Has the collaborative developed a mission statement that clarifies its role as a decision-making body?

- Has the collaborative communicated its vision and mission and received endorsement from the community's major institutions?

- Have partners reflected on their work and celebrated their accomplishments?

Stage Three: Developing a Strategic Plan

- Has the collaborative narrowed its focus to a specific neighborhood for launching a service delivery prototype?

- Has the collaborative conducted an analysis that identifies key neighborhood leaders who should be involved in prototype planning, and assessed the service delivery system in the area?

- Has the collaborative defined the target outcomes that its prototype service delivery design will address?

- Has the collaborative engaged a person to direct the prototype and involved this person in planning?

- Has the collaborative developed a strategy for involving the neighborhood's leaders, principals, teachers, agency directors, and frontline workers?
- In making service delivery choices, did the collaborative select services the prototype would offer, develop criteria for assessing its prototype design, determine a service delivery location that is comfortable for the children and families, consider a school location, and decide how to finance the prototype's services?
- Has the collaborative developed the technical tools of collaboration, including interagency case management, common intake and assessment forms, common eligibility determination, a management information system, and procedures for dealing with confidentiality and sharing oral and written information?
- Is a mechanism in place for using program-level intelligence to suggest system-level changes?
- Have partners signed interagency agreements to facilitate accountability?
- Has the collaborative defined its governance structures so it can make policy changes at the service delivery and system levels?
- Is a structure in place to help the prototype director deal with operational issues as they emerge?
- Have partners reflected on their work and celebrated their accomplishments?

Stage Four: Taking Action

- Do job descriptions for prototype staff reflect the collaborative's vision of high-quality service delivery and staff responsibility?
- Has the collaborative designed and implemented a comprehensive and interdisciplinary staff training program?
- Are mechanisms in place to facilitate communications and to nurture the relationship between prototype staff and school personnel?
- Is the collaborative implementing an inclusive outreach strategy?
- Have partners incorporated sensitivity to race, culture, and gender into the collaborative?
- Is the collaborative evaluating progress by using process evaluation techniques and other measurement outcomes?
- Have partners reflected on their work and celebrated their accomplishments?

Stage Five: Going to Scale

- Is the collaborative ready to adapt and expand the prototype to additional sites?
- Is there a strategy for developing leaders and incorporating the concepts of collaboration into partners' professional development programs?

- Is the collaborative working with local colleges and universities to change the nature of professional education to reflect the vision of a profamily system?

- Does inservice training include strategies for collaboration?

- Are partners working to deepen the collaborative culture within their organizations by applying the collaborative's vision and by providing rewards and incentives for staff that demonstrate a commitment to collaboration?

- Is the collaborative formulating a long-range financing strategy?

- Has the collaborative built a formal governance structure?

- Does the collaborative have a strategy for building and maintaining a community constituency?

- Is the collaborative promoting change in the state's and/or federal government's role in delivering services for children and families?

- Is the collaborative continuing to reflect and celebrate as it "climbs the mountain" of systems change?

Melaville and Blank, with Asayesh (1993, pp. 123-125) also provide a series of relevant questions dealing with "indicators of system change."

- Are interagency agreements in place?
  -- Are they reviewed periodically?
  -- Are agreements negotiated with the understanding that they are meant to be binding?
  -- Are policies in place to address agreements broken in "bad faith?"

- Do program-level information and intelligence trigger policy-level changes across multiple systems?
  -- Is there a case management or other system for collecting information on a case-by-case basis to determine what services are needed that are not available and what barriers prevent children and families from using available services?
  -- Is there a person/committee designated to analyze this information, identify barriers that could be resolved by policy actions, and summarize findings?
  -- Is there a procedure to ensure that the collaborative reviews and acts on this information?

- Have partners developed shared information systems?
  -- Is there ready access to each other's records?
  -- Are shared confidentiality protocols in place?
  -- When agencies implement and expand computer systems, do they take into account interagency access capabilities and information-sharing needs?
  -- Have agencies replaced separate agency forms with common formats for establishing program eligibility, assessing case management needs, and developing case plans?

- Have partner agencies incorporated the vision and values of the collaborative at their administrative and staff levels?

- Have partners altered hiring criteria, job descriptions, and preservice or inservice training to conform to a vision of comprehensive, accessible, culturally appropriate, family-centered, and outcome-oriented services?
  - Have partners changed their hours and location of waiting rooms and interviewing offices -- or revised the nature of services?
  - Has there been cross-training to share information among agencies working together to provide school-linked services?
  - Have partners developed training to help staff consider the extent to which they are willing to let the collaborative's objectives influence their interaction with each other and with children and families?
  - Is there a change in the way teachers, principals, and service providers relate to each other, to students, and to others they serve?
  - Are redirected staff assigned to work in school-linked centers keeping in touch with policies and agencies?
  - Is there basic agreement on whom agencies need to serve, what they should be doing, and what results they should expect?
  - Are outcomes clearly established?
  - Has the collaborative used its data collection capacity to document how well children and families are faring and how well agencies are meeting their mandates?
  - Are these data used strategically both within the collaborative and the community to advance the collaborative's goals?
  - Are outcomes measureable? Do they indicate what degree of change is expected to occur in the lives of children and families during a specified period of time?
  - Is shared accountability a part of outcomes that reflect education, human service, and community objectives?
  - Is public accountability established?
  - Are periodic community report cards released and public forums conducted to keep the public apprised of progress toward improving key indicators of community well-being?

- Has the collaborative devised a financing strategy to ensure long-term funding?
  - Are plans in place to support new patterns of service delivery beyond the prototype level?
  - Have partners drawn a financial resource "map" to identify major funding sources?
  - Have partners contacted state liaisons to explore how current funding sources could be channeled and maximized to support prevention-oriented services?

- Has the collaborative gained legitimacy in the community as a key vehicle for addressing and resolving community issues regarding children and families?
  - Does the collaborative have a voice that is being heard?
  - Are the collaborative's positions supported by commitments from public and private service providers, the business community, churches and synagogues, and neighborhood organizations whose members are often most directly affected by collaborative decision making?

Bruner (1991, pp. 6-25) raises ten questions and provides some excellent answers to help policymakers improve services. The questions and several key points adapted from his answers are as follows:

- What do we mean by collaboration? It is a process to reach goals that cannot be achieved individually or as efficiently when working alone.

- What problems are collaboration designed to solve? There are three: (1) providing better assistance to families receiving services, (2) ensuring that children receive needed services, and (3) reducing environmental risks that affect children and youth.

- At what organizational level should collaboration occur? It should occur from the top administration to the level at which families meet service workers.

- How do we know if collaboration is working? Reduction in such risk factors as teen pregnancy, family instability, school dropouts, abuse, and neglect indicate success; such process indicators as agreement among participants that services are improving also indicate success.

- How effective can state-level interagency groups be in reducing fragmentation and improving services? Although these groups can begin the communication process, states must take specific steps to address difficult issues. Such interagency initiatives can be catalysts to broader change. (Bruner calls these first generation approaches.)

- What strategies can state policy-makers initiate to further local collaboration? States can design site selection criteria that reward collaboration; offer technical assistance, regulatory flexibility, and financial support; and provide time and incentives needed to build working relationships and agree on shared goals. (Bruner calls these second generation approaches.)

- What strategies can states employ to promote collaboration across all jurisdictions including those where obstacles are greatest? States must develop local leaders to serve as change agents and provide support where greater capacities for change must be developed. (Bruner calls these third generation approaches.)

- What is the role of the private sector? Private sector involvement provides political and financial support by increasing the visibility of child and family issues, developing a source of volunteer oversight focused on measurable issues, and generating additional funding.

- What are the risks in collaboration? When poorly implemented or when a single agency approach would be more effective, collaboration can waste time and/or deplete resources without impact.

- What problems will collaboration not solve? It will not solve the underlying environmental problems, create the vision or skills needed for state and community leaders to address issues, and lessen the need for additional resources.

Lastly, Imel (1992, pp. 3-16) asks several questions that relate to her steps for developing linkage teams. Her questions are adapted below.

- Assessing local need and climate. Do we serve clients whose needs overlap the current delivery systems? How are we doing on our own? What is the nature of our relationships with other agencies? How might closer relationships improve outcomes? What problems could be addressed more effectively through linkages? What is our community's history of collaboration and what can we learn from it?

- Getting started. Why is there a need for a linkage team? What could a team accomplish that we could not do on our own? How would these achievements contribute to our goals? What is the most effective way of approaching the leadership in our organization with this information?

- Forming the team. How can existing linkages be used in forming the team? What qualifications should team representatives have? How should invitations be issued? What information should a written invitation contain? Who will be responsible for developing the invitations?

- Establishing collaborative relationships. Will the existing relationships among the agencies support a collaborative effort? What can be done to ensure that the linkage team will be truly "collaborative" rather than merely "cooperative?"

- Developing plans. Who will be responsible for organizing and implementing a session to develop a team plan? What locations would be appropriate for the session? Who could serve as facilitator? What information should be available? Would it be advantageous to have some team meetings prior to the session? What type of planning format will we use? How will we ensure the plan is realistic? Who will be responsible for finalizing the plan? How will community support be developed?

- Follow up and follow through. Who will be responsible for implementation? What can be done to ensure that the objectives are accomplished? Should task forces be established to help accomplish the plan? Would an advisory committee be an asset? What procedures would ensure continuity of leadership? What procedures should be established to add team members? What can the team do to maintain its energy?

What can We Learn from the Family and Youth Resource Centers in Kentucky?

In 1990, the state of Kentucky passed the Kentucky Education Reform Act (KERA) that, among other things, established both Family Resource and Youth Services Centers. The centers are defined as follows:

- Family Resource Centers shall be located in or near each elementary school in which 20 percent or more of the student body are eligible for free school meals. The Family Resource Centers shall promote the identification and coordination of existing resources and shall include, but not be limited to full-time preschool child care for 2 and 3 year olds; after-school child care for children 4 through 12; full-time child care for children ages 4 through 12 during the summer and days when schools are not in session; Families in Training (an integrated approach to home visits, group meetings, and monitoring of child development for new and expectant parents); Parent and Child Education (PACE); support and training for child day care providers; and health services, referral to health services, or both. (pp. 1-2)

- Youth Service Centers shall be located in or near each school serving children and youth age 12 and older in which 20 percent or more of the student body are eligible to receive free school meals. The Youth Service Centers shall promote the identification and coordination of existing resources and shall include, but not be limited to referrals to health and social services; employment counseling, training, and placement; summer and part-time job development; drug and alcohol abuse counseling; and family crisis and mental health counseling. (p. 2)

Although there is widespread support of these centers, there also is opposition from some conservative groups who believe the centers might develop into health clinics. Also, some teachers are uncomfortable with the increased responsibilities schools are being asked to assume over students' lives (Appalachia Educational Laboratory, 1991).

As part of a five-year qualitative study, two ethnographic researchers at the Appalachia Educational Laboratory (Coe & Kannapel, 1991-1992) compiled a very rich set of qualitative research notes in their study of the resource centers in Kentucky. Indeed, theirs is the only study to date that explores rural sites in such detail. The following brief examples from the original documentation of their interviews on Family Resource Centers (FRC) provide some valuable insights about how service integration is progressing in rural Kentucky and how some initial obstacles are being addressed.

Importance of Having Teachers' Support

> I don't think we have had enough PR with our teachers. I don't think we ever sat down with them and said, 'This is what we are going to do; this is our goal; this is how we can help you.' Consequently, this has caused some problems. (We need to say to teachers that) we are here to help you; we are not here to pull your kids out of class because we feel we need to talk to them.... We are here to make a difference in your classroom and your classroom time, to give you time to be a teacher.... If you don't have the support of your teachers, forget it. They are not going to send the kids to you; they are not going to cooperate with you; and they can be stubborn. They are just like nurses; they can be as stubborn as we can be. [Nurse in an FRC]

Teachers Need to Perceive the FRCs as a Help -- not as Competition

> It is important for (teachers) to know that we (nurses) are not making more money than they are. I took a 30 percent cut in pay to take this position. It is important for (teachers) to know that we are not getting big salaries. [Nurse in an FRC]

> We (support staff) are being used more and more. Each week we are getting more referrals... teachers stop by and ask, 'How is this child doing?' They know we are here. [Staff person in an FRC]

Need to Distinguish the Center's Responsibilities from the School's Responsibilities

> It is not the responsibility of the school (to do the job of the center); but there are children who can't learn at the same rate as other children if they don't have the same opportunities. If they don't have clothes on their backs when they come in here, they're not going to have the same chance of doing as well as my child ... or a doctor's child ... or as somebody ... in the community ... and it's not fair. All we're looking to do is try to give them the best chance that we can give them. [Principal in an FRC school]

Many Responsibilities of Teachers

> I think teachers are overwhelmed with the changes.... everything is changing. Teachers are overwhelmed with the amount of work they have to do; they are grasping for help, and I think they will get it. [Center staff and volunteers] are willing to help us, but we need to make sure that they know they are appreciated. There is a difference in being expected to do something, doing it, and being appreciated for it. [Principal in an FRC school].

Relieving Teachers of Medical Responsibility

> The (program places) a lot on teachers that is not their responsibility or expertise; teachers are scared to make medical decisions. That is why (they often say), 'Call your mom and tell her to come and get you.' Lots of times kids want to go home because they don't have their homework. Sometimes they really do need to go home, even if there is trouble with the teacher, because they (worked) themselves (into) such an emotional state. [Nurse in an FRC]

Benefits of Having an FRC at the School

> It is working with the children. If you could help one child with one health problem, even if it is just taking temperatures or whatever.... to secure that child enough (support) so that children feel safe if they have a problem and come to you about it. [Staff person in an FRC]
>
> Note. In this school, it has been estimated that between 2,350 and 2,500 student hours have been saved through intervention with students who might have been sent home if a nurse had not been available.

Parents Visiting their Children's Classrooms if the Centers were not In Place

> Most (parents) would never do that (visit their children's classrooms).... they have a fear of teachers. A lot have had bad experiences being in school themselves.... and (feel) inferior; they feel that the teacher is above things. And, in truth, (some) teachers are afraid of them, too, but they don't realize that. I think that's one of the main accomplishments, because we (parents) do projects for the school. [Parent coordinator in an FRC]

Transportation Problems

> Transportation is a big problem for a lot of parents. We have a transportation budget, (but) it is not nearly enough.... we thought we would have some fund raisers or (submit) grants to try to get more money (for transportation). Because back in the (mountains).... it's thirty miles back there... they really are isolated... there is no schools back there. The kids have to ride the bus that far. There are no activities for kids or parents, and they really need (them)... that's one of our big needs... get people out (of their isolation). [Parent coordinator in an FRC]
>
> Many families do not own cars or, if they do, some do not have enough money for gas. Some centers considered using school buses to transport parents but, in some cases, parents apparently did not want to leave home as early as the students and buses are already overcrowded.... Using buses during the day also poses added financial burdens, since some districts already are in the red.... Although the county has (a van), it is expensive to use. [Parent coordinator in an FRC]

Discouragements

> You run up against the case where you've tried everything you know and you can't get them any help and you just feel so bad.... I stop to think, 'Well, for every one I can't help, there are ten we could'.... It is frustrating when you've tried everything.... Because I'm sure the families have tried other things... a lot of them are (in) desperate situations when

> they call us (to say) 'please help'.... that just makes me feel that much more responsible to do something. [Director of an FRC]

Encouragements

> I think a lot of (parents) think of (the center) as part of the school. (For example, my mother) came here and worked a day and later told me she was really tickled that we have the resource center for the school.... she said that was really pleased. And that was the way she looked at it. [Parent users of an FRC]

Lastly, one of the directors of a Family Resource Center noted that her center had received approximately $30,000 of in-kind contributions, including office furnishings and equipment for the nurse's office. She indicated that a youth council had been formed to plan Family Night activities, that the center has had many volunteers for its advisory committee, and that colleges in the region have been supportive. Most importantly, she described the potential of both Family Resource and Youth Service Centers as "the vaccination needed to prevent new dropout and failure epidemics (unpaged)." While there are "discouragements," there appears to be a number of "encouragements" in both the Family Resource and Youth Services Centers.

Is Service Integration in Rural New Jersey a Blessing or a Burden?

New Jersey's School-Based Youth Services Program (SBYSP) was one of the first statewide efforts that placed comprehensive services in or near secondary schools. Implemented in 1988, SBYSP attempts to eliminate the boundaries between the education and human services systems by providing adolescents, especially those at high risk, with the opportunity to complete their education, obtain skills that lead to employment or additional education, and lead mentally and physically healthy and drug free lives.

SBYSP (which operates in 30 urban, rural, and suburban school districts, with at least one site per county) provides teenagers with a comprehensive set of services. Each site provides these core services: health care, mental health, and family counseling. In addition, all sites currently provide teen parenting education, transportation, day care, tutoring, family planning, and hotlines. Programs operate before, during, and after school, and during the summer; some operate on weekends. In 1990, the program served over 18,000 teenagers or approximately 1 out of 3 eligible teenagers, primarily in the core service areas. Over 9,000 were considered at risk of dropping out. Services ranged from dealing with teenagers with peer problems to adolescent suicide, pregnancy, serious health problems, and providing job skills and employment (New Jersey School-Based Youth Services Program, nd, unpaged).

On the local level, the project directors work directly with administrators, teachers, guidance counselors, nurses, parents, and teenagers. The program has space in the school and often near the school. Project directors and their staff participate in school activities, including faculty meetings, and work one-to-one with teachers and other school personnel.

Since the service integration literature indicates that teachers sometimes fear that integration will add more to their already filled plates, the author was particularly concerned with the integration of teachers in service integration. "Services" can be integrated, but what about "teachers?" Moreover, has service integration been a blessing or a burden? Does it cause more problems for the teacher or is it a relief? During the winter of 1992-1993, the author visited three rural sites in southern New Jersey to explore these issues with a number of SBYSP staff.

At one site, the SBYSP was not initially identified as a school project; while it was located near the school, it was not closely integrated into the school. As might be expected, some teachers were more receptive than others; some felt students would be taken out of classes. Not surprisingly, teachers initially did not know what to expect.

Teachers were (and still are) being made aware of the program components in all of the sites visited. Although the level of teacher acceptance still varies, the bonds between school staff and youth service staff are growing. For example, teachers at the Downe Township Elementary School (the only rural elementary school in the state to house the program) are becoming more dependent on the "Kid's Center." Students actually join the center and become members at no cost. Teachers find the "Homework Hall" aspect of the program worthwhile, as well as the services that address medical and family problems. The summer programs also are popular. Teachers view SBYSP as an important part of their work and the program staff rely on information teachers relay to them. More and more teachers also are contacting families. In short, teachers provide a valuable link between families and the service program.

Although the program is working well at the three rural sites, there does not appear to be a complete integration of staff. However, the roles are becoming more clearly defined. School nurses, guidance counselors, and administrators (particularly those who are involved with student discipline) perform specific roles but are not directly a part of the SBYSP. Also, confidential issues are handled separately. The clearly defined set of roles seemingly helps overcome "turf" problems that might exist. For example, the nurse practitioner at the "Kid's Center" -- who works under the direction of a pediatrician -- can write prescriptions and order testing, whereas the school nurse (an RN) can and does assist in identifying problems and in referring students. Similarly, program counselors have more time to work with students on deep-seated problems, whereas school guidance counselors are more likely to deal with shorter term classroom behavioral concerns. School-based services personnel can and do relate to students in the classroom but, technically, only if they are invited as guest speakers. Relationships are a matter of establishing trust, overcoming skepticism, and building rapport. That takes time but apparently, in the case of the SBYSP, it has been worth it.

Lastly, one high school principal conveyed his strong support by stating that if the program didn't exist, "I would have no idea what to do; I probably would be pulling my hair out, one at a time." Strong administrative support is an important factor in maintaining a successful effort. One staff member summed up the role of teachers by contending that everyone in the program must keep thinking of the needs of students first and then ask whether or not it is a burden. "Which is most important? Simply asking the question is enough." In New Jersey, a primary "lesson to be learned" is simply this: the SBYSP has been a blessing, not a burden, to teachers.

Are Rural Schools in Delaware Willing and Able to Play their Part?

In the Spring and Summer of 1992, the Delaware Rural Assistance Council, which is sponsored by Research for Better Schools, conducted two forums in the state's two predominantly rural counties. The intent was to explore two proposed goals of the State Board of Education that are particularly relevant to rural communities: Goal 6 -- building consensus and support for quality education, and Goal 7 -- promoting partnerships between families, communities, and schools to improve the academic and social success of students. The Council felt that in order to enhance informed decisionmaking on the part of policymakers, it was essential that there be broad community input. The Council, therefore, invited to the forums representatives of community organizations as well as individuals who have an interest in assuring that the unique values and strengths of rural schools and communities are addressed, maintained, and enhanced.

More than 47 representatives from rural schools, communities, and community organizations attended the forums, including ten teachers, administrators, and supervisors; five high school students; three school board members; and 27 representatives of various community organizations and professional agencies. In addition, the participants included university personnel, a mayor of a rural community, a town councilperson, and representatives of the Department of Public Instruction, the State Office of Volunteerism, and the Department of Services for Children, Youth, and Their Families (Bhaerman, 1992).

The discussions focused on four questions: What are you or your organization currently doing to enhance Goals 6 and 7? What are the unique contributions rural communities might make in addressing the goals? What are the unique concerns of rural communities regarding the goals? What are your recommendations for assisting rural schools and communities in meeting the goals?

Six Major Decision Areas

It quickly became evident that the broadened role of schools and their relationship to other social service agencies was very much on the minds of the participants, as evidenced in the six major discussion issues that emerged. First, as one participant stated, "One of the major aspects... of restructuring is looking at schools, particularly rural schools, with a broader vision of the schools serving as a community learning and service center. It's a broader role, a changing role. The ultimate vision is that some day it might be impossible to tell where the school door ends and the community door begins and vice versa (p. 5)." As one superintendent commented, the school is "the natural gathering place for the population... (there is no) better place to put it" (p. 5).

Second, in exploring the many aspects of the school serving as a community learning and service center, the focus quickly turned to service integration. "The resources that we're talking about are already out there; let's concentrate and make these resources funnel through one particular agency.... "We need to find out how we pull all of these agencies together in delivering such needed services as child care, nutrition, and health care" (p. 5).

Third, several reasons were presented for developing integrated services: the lack of communication ("...four agencies involved with one family, yet they don't talk to each other"); the lack of knowledge and awareness of available resources ("...so many people doing so many good things...there are now over 1,000 non-profit organizations in our state.... Something has to be done to...coordinate all the resources that we have;" and the need for outreach programs that connect people "with the many free and good services that are out there" (p. 5).

Fourth, a number of problems surfaced; e.g., the fact that rural communities often "don't have a lot of social services" to begin with; the fact that many programs "come and go...they shut down because of funding, we get new ones, some groups change their name;" and the conflicts that sometimes exist regarding who is responsible for what. As one participant suggested, "we ought to take a rototiller and destroy a lot of turf; there is way too much turfmanship" (p. 5).

Two other related problem areas were identified: lack of access and inadequate transportation. One participant seemingly spoke for many when he said that "my concern is equal accessibility and services for all children in the district" (p. 5). Another raised this question: "Are there not agencies already out there that all we need to do is identify the problem and make sure that the student is directed to the right spot" (p. 6)? Still another participant stated that "rural poverty is just so much different then urban (poverty).... We're serving people out in trailers.... We go wherever they are; we don't (avoid making) a visit because it doesn't look like a pleasant place to be; we're serving kids in places where they don't have electricity, there's no running water, they're sharing their electricity through an extension cord to the next trailer" (p. 6).

Similar concerns were raised regarding transportation: "The biggest problem I've had to contend with is transportation or the lack of it." "(Rural students) are further away from social services; I think rural is a place that's been forgotten." "People are so spread out...we're doing home-based services, one of our providers travels 40 miles between some homes sometimes. We're trying to serve children and spending an hour on the road between visits. That's a big problem, even in this relatively small state" (p. 6).

Fifth, a major issue focused on the schools' roles and responsibilities. "Who is going to take the responsibility of pulling together the resources? Teachers? Administrators? Somebody else? How can educators deal with all this?" Although "rural communities have to provide more services, there are smaller staffs in rural schools to provide those services." Moreover, there is what one participant called "the full-plate syndrome;" he indicated that rural school personnel already have many responsibilities that keep them busy well before 9 a.m. and often long after 5 p.m. In fact, a strong voice was raised that disputed "the assumption that the schools are going to be responsible for this. I don't think it's a foregone conclusion.... If we're looking at community resources, why don't we look at some of the successful administrators in business and say, 'OK, Come on. Help us.' Why should it have to be school administrators? That's not their business." Another participant stated, "we're reinventing the wheel. All we have to do is rotate the tires. We don't have to do the whole thing" (p. 6).

Sixth, other barriers were identified regarding the schools' role in service delivery. Although schools would function primarily as facilitators, some participants were concerned with increased personnel costs ("taking on another coordinator"); added maintenance costs of having the schools available beyond their normal hours and months ("air conditioning for a year-round school" and "heat in the winter"); and additional time demands on teachers and administrators also translated into cost figures.

Five Recommendations

Five recommendations were proposed. First, schools should be redesigned as community learning and service centers. "Anything which impacts on the education of the student should be able to be addressed, or the problem addressed, or the sources found, through the school. That does not mean that you turn the school into the substitute agency, but that the school knows where to go and can bring in the expertise to address the problems." Since schools are "the focal point of the community," we should "open them up" and take advantage of the leadership of educators and other "strategic people" in the community. The key is to make schools "more accessible both physically and psychologically so that when residents call to ask, do you know where I can get service and can you help me find it, answers are provided affirmatively, swiftly, and efficiently" (p. 9).

Second, schools as community learning and service centers should consider activities that previously have not been recognized as falling under the responsibility of the school. These activities include developing parent resource centers; providing child care (perhaps by using supervised high school students); expanding kindergartens into full-day programs; coordinating community life-long learning, life-skill development, and recreational programs; expanding the involvement of local businesses; and consolidating the use of varied human, technical, and financial resources. Also, schools should coordinate the use of retired persons serving as volunteers and, conversely, students serving as volunteers in nearby senior centers.

Third, schools as community learning and service centers should take a leadership role in service integration. As one participant suggested, "the key is concentrating those social and human services in the schools and targeting your program and energy on your facilities and resources. Stop looking at ways that it can't happen" (p. 10).

Fourth, in order to implement this reconception of the schools' role, "there needs to be a grass roots person who could be in the school ideally to coordinate those services that are available" (p. 10). [Note: Some rural schools in Delaware are effectively using a school/community liaison person and are beginning to consider the use of community outreach programs, using outreach vans to address the transportation issue.] In addition to a school/community liaison person, there also should be a comparable expansion of facilities to accommodate added programmatic and staff responsibilities.

Fifth, the state should take the leadership role in gathering and disseminating information about existing social and human service programs. If such information is already available, it should be disseminated more widely through the schools and communities.

The consensus of the participants was that although responsibility rests with many agencies, including schools, someone has to assume a proactive leadership role. Because of their central and highly visible position in the community, schools seem the logical candidate. The persons who attended the two public forums agreed that rural schools appear willing to play their part; the questions are, will they be able to perform them? and will they have sufficient resources?

Conclusion: Rural Practitioners have Many Guideposts

Again, one primary conclusion can be drawn from this section, namely, that rural school and community agency staff do not need to "reinvent the wheel," for a number of approaches for enhancing financial, human, technical, and knowledge resources are available. Moreover, a number of political and program "guideposts," stages and steps, and questions to be asked are available. Rural schools and community agency staff may be isolated -- but they are not alone!

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PART IV: A BRIEF SUMMARY

Hodgkinson (1993) acknowledges that "all the components of the seamless web of services are in place, but it's not clear that we know how to coordinate these services in the best interest of young people. That would make a fine agenda for the next decade" (p. 623). Although it is obvious that we have not resolved all of the "how to" questions, we do have an expanding knowledge base on which to build. And Hodgkinson is correct: service integration would make a "fine agenda" for the next decade. However, the next decade is now. Now is the time to plan, develop, and begin to implement service integration efforts. Unfortunately, many schools -- especially rural schools -- do not have the "political clout" to support or the capacity to deliver the wide range of human services that are so greatly needed in their communities.

In spite of limited resources, a number of rural schools and community service agencies have demonstrated a variety of creative mechanisms to overcome barriers and build on their strengths.

Although service integration can be a "blessing" rather than a "burden," there is no one "model" but rather a "mix" of approaches that can be creatively welded together. Moreover, school-linked and community-based concepts can be developed under one roof.

Because of their critical and highly visible position in the community, rural schools are the logical candidate for assuming a proactive leadership role. Rural schools and communities appear to be willing to move in this direction. Hopefully, the combination of shared resources, vision, commitment, and hard work will help make it happen.

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Keep in Touch

Please keep in touch by sending descriptions of your service integration programs as you plan, implement, and evaluate them. This monograph, hopefully, will lead to an expanded one that explores how additional rural schools and communities have built on strengths and overcome the barriers they initially have faced. Please contact Dr. Robert D. Bhaerman, Senior Research and Development Specialist, Research for Better Schools, 444 North Third Street, Philadelphia, PA 19123-4107.

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APPENDICES

APPENDIX A

MAJOR FUNDING SOURCES FOR SCHOOL-LINKED SERVICES

Education:

- **Chapter 1**, the largest federal elementary and secondary education program, serves educationally disadvantaged children and can support a range of education-related activities. SEAs allocate Chapter 1 funds to local school districts.

- **Individuals With Disabilities Education Act (P.L. 101-476)** authorizes federal funding to states to ensure that children with one or more of 13 specified disabilities receive a free appropriate public education, including necessary related services. Part H (P.L. 102-119) provides financial assistance to states to develop and implement a statewide, comprehensive, coordinated, multidisciplinary interagency program of services for infants and toddlers with disabilities and their families. This program operates through state lead agencies designated by the Governor.

Health:

- **Medicaid, Title XIX of the Social Security Act,** is a federal entitlement program administered by states to provide health care to the poor. States have a good deal of leeway in determining eligibility. Although all Medicaid states must provide core mandated services, they may choose to provide up to 31 optional benefits, e.g., case management is an optional benefit offered in many states.

- **Early Periodic, Screening, Diagnosis, and Treatment Service (EPSDT)** for children under 21 years is a mandated Medicaid service. These programs must provide outreach and case management and may target high-risk populations. Basic benefits include health screening, vision, dental, hearing, and other necessary health care services. Pediatricians typically shy away from EPSDT because of the heavy paperwork and low reimbursement. However, free screenings, immunizations, and treatment of common childhood conditions can be provided at schools and reimbursed through EPSDT, if the services meet the program conditions.

- **Title V of the Social Security Act Maternal and Child Health Block Grant** consolidates seven programs for mothers and children. Funds generally flow through legal health departments, but a collaborative could use the funds to implement its integration strategy.

Social Services:

- **Title IV-E of the Social Security Act** provides federal reimbursement for costs associated with out-of-home placement and foster care for children eligible for Aid to Families With Dependent Children (AFDC). Three funding streams for maintenance costs, administration, and training create opportunities for covering a variety of state and local costs. In 1980, Title IV-E was ruled able to cover costs of some efforts to prevent out-of-home placement. Depending on each state's plans, states can fund summer camps, transportation, and day care for children in foster-care homes. Case management is allowable. State matching requirements vary according to a federally established formula.

- **The Family Support Act of 1988** has a JOBS component that provides education and training to several targeted groups of parents receiving AFDC to help them become self supporting. Adult education courses, child care, and case management could be reimbursed under JOBS.

- **Title XX Social Services Block Grant**, the major federal funding source for general social services, supports an array of services. Most services that a collaborative would want to offer would be eligible for funding under Title XX.

- **The Child Care Development Block Grant**, which began in 1991, is the first large-scale, direct federal support for child care. The At-Risk Child Care Program offers similar services. Collaboratives can use these funds for child care services for families at the prototype service delivery site.

- **The Alcohol, Drug Abuse, and Mental Health Block Grant**, which offers prevention, education, counseling, and treatment services, operates through designated state agencies and can provide a range of services desired in a prototype design.

Source: Melaville and Blank, with Asayesh (1993, pp. 84-85).

The monograph by Melaville and Blank, with Asayesh, Together We Can: A Guide for Crafting a Profamily System of Education and Human Resources, is a highly valuable resource in that it includes many practical examples of ways community leaders can effectively link systems, a critique of the delivery system typically employed in providing services, a five-stage framework to help communities develop their own process, profiles of and "lessons learned" from four collaborative programs, vignettes that portray the challenges posed during implementation, and checklists on the collaboration process. Copies are available from New Orders, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954. The stock number is 065-000-00563-8; the price is $11. (Fax credit card orders: 202-512-2250).

The Office of the Assistant Secretary for Planning and Evaluation, Division of Children and Youth Policy, U.S. Department of Health and Human Services has provided grants to support efforts to promote community-based service integration. Contact the office at 200 Independence Avenue, SW, Room 415F, Washington, DC 20201.

In addition, the Institute for Educational Leadership has developed a number of supplementary resources. For example, Together We Can: A Dialogue on Collaboration was prepared for the dialogue held in Washington, DC on September 9-11, 1993. This booklet includes numerous articles on such issues as building community capacity, collaborative governance, collaborative leadership, collaborative management, constituency building, financing and funding, interdisciplinary training, outcomes and assessment, policy and practice barriers, and service delivery strategies. [Source: Institute for Educational Leadership, Inc., 1001 Connecticut Avenue, NW, Suite 310, Washington, DC 20036.]

APPENDIX B

REGIONAL EDUCATIONAL LABORATORY RESOURCES

Family Service Workers: Facilitators of the Integration of Education and Human Services (December, 1992) by Helen Nissani and Wendy Garcia, Northwest Regional Educational Laboratory, presents a number of roles for family service workers, including assisting children and families in securing needed services by engaging them in developing and implementing individual case plans aimed at building self-esteem, self-sufficiency, and positive nurturing home environments. The monograph also discusses qualifications of family service workers, how they differ from traditional social service workers, and such related issues as confidentiality, professionalization, and relationships to clients. To order, contact the Northwest Regional Educational Laboratory, 101 S.W. Main Street, Suite 500, Portland, OR 97204-3297.

Integrated Family Services in Rural Settings: A Summary of Research and Practice (1993) by Jack W. Stoops and Janis L. Hull, Northwest Regional Educational Laboratory, presents three case studies of sites in the Pacific Northwest: the Glendale-Azalea Skills Center in Glendale, Oregon; the Illinois Valley Family Coalition in Cave Junction, Oregon; and the Inchelium, Washington, At-Risk Intervention Specialist program. The study begins with a brief overview of the research and literature findings, presents an in-depth analysis of governance and operations in the three sites, and "blends" the literature and case study findings in a thought-provoking summary. The authors conclude that "the three case study sites share many similarities in their delivery of services, foremost of which is a strong belief in the value of coordinated family service. They simply started in different places and with different approaches to implement their philosophy." To order, contact the Northwest Regional Educational Laboratory, 101 S.W. Main Street, Suite 500, Portland, OR 97204-3297.

Integrated Services: A Summary for Rural Educators (March 1993) by M. Nawal Lutfiyya, ERIC Clearinghouse on Rural Education and Small Schools, is an ERIC Digest that clarifies what integrated service delivery entails, discusses the two major approaches to service integration (school-linked and community-based), and examines family foci and the role of case management. The digest concludes by considering several of the major circumstances and economic, health care, and educational challenges that affect plans for services delivery in rural America, including the needs of rural families. To order, contact the ERIC Clearinghouse on Rural Education and Small Schools, Appalachia Educational Laboratory, P.O. Box 1348, Charleston, WV 25325.

Integrating Community Services for Young Children and Their Families. This Policy Brief of the North Central Regional Educational Laboratory (Report 3, 1993) provides an analysis of service integration, including an overview of the problems with the service delivery system, the need to work together, what it will take to create "caring communities," elements of early childhood systems, characteristics of effective initiatives to change service delivery systems, and several guidelines for effective collaboration. A very useful review also is provided on such items as statewide directives, legislation, funding sources, implications, constraints, and future projections of service integration in the North Central region. Lastly, two valuable commentaries are provided by Jule Sugarman (Chairperson, Center on Effective Services for Children in Washington, D.C.) and by Charles Bruner (Director, Child and Family Policy Center in Des Moines, Iowa). To order, contact the North Central Regional Educational Laboratory, 1900 Spring Road, Suite 300, Oak Brook, IL 60521-1480.

Integration of Education and Human Services Project: Conceptual Synthesis and Review of Community-Based Integration Activity (August, 1991) by Janet Jewett, Nancy Conklin, Rex Hagans, and Leslie Crohn of the Northwest Regional Educational Laboratory, initially focuses on effective integration concerns (e.g., identifying the needs, defining the concepts, placing the issues into an historical perspective, clarifying several basic assumptions, analyzing commonalities and common approaches in the fields of education and human services, and analyzing outcomes sought for children, parents, families, and communities). Criteria for identifying effective integration activity is then discussed, with a focus on shared concerns, shared common solution approaches, and several emergent principles. The method of selecting sites for review and analysis is explained and community-based activities in the Northwest are described. The remainder of the monograph presents an analysis of the review of 20 cites, the application of "effective integration" criteria, and an interpretation of the findings. An appendix briefly describes the 20 sites that were analyzed. To order, contact the Northwest Regional Educational Laboratory, 101 S.W. Main Street, Suite 500, Portland, OR 97204-3297.

Interagency Collaboration: Improving the Delivery of Services to Children and Families (1992) by Stephanie Kadel, Southeastern Regional Vision for Education (SERVE) is an extremely valuable resource. Incorporating specific case examples throughout the document makes this a practical tool for anyone who wishes to develop service integration programs. A number of questions are explored, e.g., why is collaboration necessary? what is meant by collaboration? and what is a family service center? The monograph, which then turns to the question of how to collaborate and implement a family service center, provides much advice from experienced collaborators. State and national action to support collaboration is explored and resources are presented. In addition, a sample needs assessment survey, a sample staff oath of confidentiality, and sample release forms are included. To order, contact the SouthEastern Regional Vision for Education, P.O. Box 5367, Greensboro, NC 27435.

The Power of Integrating Education and Human Services: Achieving the Potential of the Northwest (November, 1992) by Helen Nissani and Rex Hagans, Northwest Regional Educational Laboratory, presents an overview of regional activities that support the development of school-linked integrated services; the historical, social, and political contents for integration; new roles and relationships (catalysts and facilitators); key elements of successful integration (family-centered service delivery, comprehensive service focus, prevention orientation, empowerment focus, local community focus, and synergistic procedures); and descriptions of four regional programs. The monograph also defines and distinguishes between coordination, collaboration, and integration, viewing them on a "developmental continuum." To order, contact the Northwest Regional Educational Laboratory, 101 S.W. Main Street, Suite 500, Portland, OR 97204-3297.

Schools as Community Social-Service Centers: West Virginia Programs and Possibilities (April, 1993). This joint study -- by the West Virginia Education Association and the Appalachia Educational Laboratory -- profiles 40 school/community social service programs in West Virginia using the results of a survey designed by a study group to elicit information on ways to initiate similar programs and/or expand three currently operating at schools. The profiles give a good indication of the range and types of school-linked programs that serve children and families in the state. In addition to program descriptions, the document presents recommendations for planning and funding programs. A list of national organizations and West Virginia resources provides information on available children's services, technical assistance for school-linked services, and research on children's issues. To order, contact the Appalachia Educational Laboratory, P.O. Box 1348, Charleston, WV 25325.

School-Linked Services - So That Schools Can Educate and Children Can Learn is a three-part series of the Southwest Educational Development Laboratory, published in the laboratory's INSIGHTS on Educational Policy and Practice. Part One (May, 1990) explores this potentially new service role of schools; examines the pros and cons of the question "why our schools?"; defines three types of school-linked service delivery programs (external referral, mobile rapid response, and school-based services); and discusses several characteristics of successful school-linked programs that reflect the needs of the communities they serve. The report presents three rationales for local schools serving as "integrators" of non-instructional services: a strong relationship exists between the elements of a child's basic well-being -- nutrition, clothing, shelter, health, and care -- and school achievement; the school is the institution that reaches most children and their families or caregivers; and school personnel need relief from the assumption of roles and duties that may be needed, but for which they have not been trained.

Part Two (August, 1990) takes the analysis a step further by elaborating on successful linkage programs, barriers and opportunities, and six policy concerns, i.e., ensuring comprehensive service delivery to children and families, developing alternative funding strategies, providing family support, ensuring that programs are staffed with qualified personnel, providing leadership in developing a broad base of local support, and providing leadership in interagency collaborations. Part Three (September, 1990) is an expanded analysis of the six policy concerns as they are being addressed in five states in the southwest region. To order, contact the Southwest Educational Development Laboratory, 211 East Seventh Street, Austin, TX 78701-3281.

Schools That Work - The Research Advantage: Integrating Community Services is the guidebook (#8 in the series) that accompanies the videoconference, conducted by the North Central Regional Educational Laboratory, that was described above. The guidebook includes a detailed section on what research says about interagency collaboration, e.g., problems with the current delivery system, the child in the context of service integration, guidelines for effective planning, strategies for engaging families and communities, and evaluation and accountability challenges. A description of the "stories" -- the rural one is from Fulton County, Kentucky -- is presented. Follow-up activities are provided for the participants in the videoconference. To order, contact the North Central Regional Educational Laboratory, 1900 Spring Road, Suite 300, Oak Brook, IL 60521.

APPENDIX C

SAMPLE SURVEYS

Teenage Students

What do you think are the most important needs or concerns of teenagers in our community? There are no right and wrong answers; we just want your opinion. Here is a suggested list. Please read it over carefully and check those you think are most important to teenagers.

____ Coping with stress

____ Earning my own money

____ Family life information

____ Getting along in school

____ Getting along with adults

____ Getting along with my family

____ Getting along with other teenagers

____ Getting along with those in authority

____ How to get health services

____ How to make friends

____ Information on legal rights

____ Knowing the consequences of alcohol use

____ Knowing the consequences of drug use

____ Knowing the consequences of tobacco use

____ Recreation in our community

____ Teenage pregnancy

____ Understanding changes in physical appearance

____ Understanding how families can get help with money and family problems

Other needs or concerns: ____

____

____

Your age: ____________

DO NOT SIGN YOUR NAME

Note. The three sample surveys are adapted from Robinson and Mastny (1989).

Parents

The (name of school district) is beginning to be involved in partnerships with community agencies. There is a possibility that some social service agencies may be providing services to students and their families at (name of school). This would naturally cut down on the amount of travel time that often is a barrier to residents who must travel throughout the community in order to receive assistance.

We would first like to know how many people would take advantage of this opportunity and what services they desire. For this reason, we are asking your cooperation in answering the following questions and then returning this questionnaire to ______________________________ by ________________.

1. Please circle the following services that you would like to see offered on a regular or periodic basis at (name of school):

Alcohol counseling
Child study team consultations
Crisis intervention
Drug abuse counseling
Early intervention programs for infants
Family counseling
Family planning services (e.g., counseling; prenatal care)
Individual counseling for my child
Individual counseling for myself/spouse
Information on AIDS or other sexually transmitted diseases
Services for physically handicapped persons
Social Security information
Suicide intervention
Welfare information
Women's concerns (e.g., battered women, women's shelter)
Youth and family services consultations

2. Would you attend a meeting with agencies regarding the services noted above? ____ yes, ____ no. If not, please circle the following reason:

Not interested
Not needed
Could not afford
Do not have transportation
Other:

3. The sessions/services should be offered during:
the day the evening either (Please circle your choice.)

4. I am interested, but child care will be a problem: Yes No (Please circle your choice.)

Teachers

As you know, our school and several community agencies are beginning to identify the social service needs of our children. The purpose of the potential partnership is to develop a system that will increase services to our children, youth, and families. The planning committee, consisting of representatives from the school and community agencies, has identified several areas of concern that the partnership may be able to address. Please rank the areas of concern from 1 to 15 in order of importance to you (1 refers to most important and 15 to least important). If necessary, please add additional areas and return this form to ____________________ by __________.

____ Adolescent pregnancy

____ "Blended" families, i.e., families that are formed by subsequent marriages

____ Child abuse and neglect

____ Counseling for children and alcoholic parents

____ Domestic violence

____ Illiteracy

____ Lack of parental involvement/support

____ Nutrition

____ Poverty

____ School dropouts

____ Single-parent family problems

____ Student depression

____ Substance abuse

____ Suicide prevention

____ Truancy

Other areas: ____

____

____

APPENDIX D

NATIONAL AND REGIONAL ORGANIZATIONS

The following national and regional organizations should be of help in identifying resources about various aspects of service integration. You should start with the National Center Clearinghouse on Service Integration located at Mathtech, Inc., 5111 Leesburg Pike, Suite 702, Falls Church, VA 22041. (Their telephone number is 703-824-7447.) Other national organizations involved in various aspects of service integration are as follows:

American Association of School Administrators, 1801 North Moore Street, Arlington, VA 22209

Council of Chief State School Officers, One Massachusetts Avenue, NW, Suite 700, Washington, DC 20001-1431

Institute for Educational Leadership, 1001 Connecticut Avenue, NW, Suite 310, Washington, DC 20036

National Association of Elementary School Principals, 1615 Duke Street, Alexandria, VA 22314-3483

National Association of Secondary School Principals, 1904 Association Drive, Reston, VA 22091

National Association of State Boards of Education, 1012 Cameron Street, Alexandria, VA 22314

National Center for Children in Poverty, Columbia University School of Public Health, 154 Haven Avenue, New York, NY 10032

National Community Education Association, 3929 Old Lee Highway, Suite 91A, Fairfax, VA 22030-2401

National School Boards Association, 1680 Duke Street, Alexandria, VA 22314.

Under the leadership of the Institute for Educational Leadership, the Education and Human Services Consortium has been formed and includes the following associations, some of which are noted above:

American Public Welfare Association, 810 First Street, NE, Suite 500, Washington, DC 20002

Center for Law and Social Policy, 1616 P Street, NW, Suite 350, Washington, DC 20036

Center for the Study of Social Policy, 1250 Eye Street, NW, Suite 503, Washington, DC 20005

Child Welfare League of America, Inc., 440 First Street, NW, Suite 310, Washington, DC 20001-2085

Children's Defense Fund, 122 C Street, NW, Washington, DC 20005

Council of Chief State School Officers (see above)

Council of the Great City Schools, 1413 K Street, NW, 4th Floor, Washington, DC 20005

Education Commission of the States, 707 17th Street, Suite 2700, Denver, CO 80202-3427

Institute for Educational Leadership (See above)

Joining Forces [Contact Dr. Janet E. Levy, Danforth Foundation, 231 South Bemiston Avenue, St. Louis, MO 63105-1996.]

National Alliance of Business, 1201 New York Avenue, NW, Suite 700, Washington, DC 20005

National Assembly of National Voluntary Health and Social Welfare Organizations, Inc., 1319 F Street, NW, Suite 601, Washington, DC 20004

National Association of Counties, 440 First Street, NW, Washington, DC 20001

National Association of Secondary School Principals (see above)

National Association of State Boards of Education (see above)

National Governors' Association, 444 North Capitol Street, Suite 250, Washington, DC 20001

National League of Cities, 1301 Pennsylvania Avenue, NW, Washington, DC 20004

National School Boards Association (see above)

National Youth Employment Coalition, 1501 Broadway, Room 1111,
New York, NY 10036

United States Conference of Mayors, 1620 Eye Street, NW, Washington, DC 20006

Wider Opportunities for Women, 1325 G Street, NW, Lower Level, Washington, DC 20005

William T. Grant Foundation Commission on Work, Family and Citizenship, 1001 Connecticut Avenue, NW, Suite 301, Washington, DC 20036.

The addresses of the ten regional laboratories are as follows:

Appalachia Educational Laboratory, Inc. (AEL), 1031 Quarrier Street, P.O. Box 1348, Charleston, WV 25325

Far West Laboratory for Educational Research and Development (FWL),
730 Harrison Street, San Francisco, CA 94107-1242

Mid-continent Regional Educational Laboratory (McREL), Denver Office: 2550 South Parker Road, Suite 500, Aurora, CO 80014; Kansas City Office: 4709 Belleview Avenue, Kansas City, MO 64112

North Central Regional Educational Laboratory (NCREL), 1900 Spring Road, Suite 300, Oak Brook, IL 60521

Northwest Regional Educational Laboratory (NWREL), 101 S.W. Main Street, Suite 500, Portland, OR 97204-3297

Pacific Regional Educational Laboratory (PREL), 828 Fort Street Mall, Suite 500, Honolulu, HI 96813

Regional Laboratory for Educational Improvement of the Northeast and Islands (NE/I), 300 Brickstone Square, Suite 900, Andover, MA 01810

Research for Better Schools, Inc. (RBS), 444 North Third Street, Philadelphia, PA 19123-4107

SouthEastern Regional Vision for Education (SERVE), School of Education, University of North Carolina at Greensboro, P.O. Box 5367, Greensboro, NC 27412-5001

Southwest Educational Development Laboratory (SEDL), 211 East Seventh Street, Austin, TX 78701.

In addition, the ERIC Clearinghouse on Rural Education and Small Schools (ERIC/CRESS) conducts computer searches of their data base which includes all aspects of service integration in rural schools and communities as well as rural education in general. The Clearinghouse is located at the Appalachia Educational Laboratory, 1030 Quarrier Street, P.O. Box 1348, Charleston, WV 25325.

APPENDIX E

STATE RESOURCES

Florida Department of Education

The Florida Department of Education has developed an impressive array of resources. Dr. Lynn Groves, Director of the Office of Interagency Affairs, submitted a number of them to Research for Better Schools, including the following:

- Cooperative Agreements presents numerous guidelines and samples of cooperative agreements for full-service schools (4/92).
- Examples of Interagency Collaboration: Full-Service Schools and Related Initiatives lists the districts that are involved, the schools, project activities, and contact persons (10/91).
- Full-Service Schools, a detailed concept paper, describes the problem and target audiences, analyzes the question of which schools should become full-service schools, suggests guidelines for development and a number of desired outcomes, poses a detailed hypothetical example of such a school, and explores funding sources (9/91).
- Full-Service Schools -- A Strategy for School Improvement presents eight questions and answers about the concept (Fall 1991).
- Full-Service Schools Development presents a number of formative results as well as a lengthy list of benefits (January - June 1992).
- Interagency Staff Integration Under the Full-Service School Concept explores background issues, analyzes the basic concepts, discusses the issue of sharing supervision and grant funding, and includes a sample cooperative agreement for the purchase of services (2/92).

Florida is one of the "cutting edge" states on this issue. For additional information, contact: Office of Interagency Affairs, 126 Florida Education Center, Florida Department of Education, 325 West Gaines Street, Tallahassee, FL 32399-0400.

Kentucky Integrated Delivery System (KIDS)

KIDS, which began on a pilot basis in 1988 in fourteen rural and urban districts, is a coordinated efforts to help children and their families deal with problems that interfere with children's learning. Services are provided by school personnel, social workers, mental health counselors, and public health professionals under a cooperative agreement. In most cases, services are provided at school sites; participating districts provide a room where counselors or health workers can meet with family members. Some major resources are a statement of policy objectives, a sample information release form (required because of confidentiality laws applicable to social welfare recipients), and the contract between the SEA and the Cabinet for Human Resources. In personnel correspondence (1/7/93), H. Gippy Graham, Community Education Consultant in the Kentucky SEA, noted that family resource and youth service centers will be phased in during the next four years, that grants were awarded for 133 centers in 1991-92 and 73 more in 1992-93, and that they are "continuing the KIDS project...because it facilitates interagency communication and is proving to be an invaluable aid for family resource and youth services center coordinators." For additional information, contact:

Division of Student/Family Support Services, Kentucky Department of Education, Capital Plaza Tower, 500 Metro Street, Frankfort, KY 40601.

Maryland's Interagency Efforts

Maryland has several interagency initiatives in which education is a key partner, as M. Marie Mayor noted in personal correspondence on 3/19/93. The various pieces have been described as "points on a continuum." First, utilizing grant support from the Carnegie Foundation, school-community partnerships have been developed that focus on broad prevention and early intervention aimed essentially at the middle school level. Second, Maryland's Tomorrow program -- another point on the continuum -- is aimed primarily at the high school level. Its focus is on dropout prevention programs in which Private Industry Councils work with secondary schools to provide long-term, year-round services to at-risk students. Third, the Services Reform Initiative concentrates on families with a child at imminent risk of out-of-home placement or in an out-of-state placement. Lastly, thirteen community-based Family Support Centers have been established to date that concentrate on services dealing with teen pregnancy, poverty, and the like. The state also has developed a number of materials that can be valuable resources for SEAs contemplating similar initiatives. Two examples are:

- The Governor's Subcabinet for Children, Youth and Families, Services Reform Initiative Status Report (January 1993) in which the major goals (changing the way decisions are made, services are delivered, and services are funded) are discussed and on which progress is reported graphically.
- Subcabinet for Children, Youth and Families: 1992 Report in which the background issues are described, the mission is delineated, guiding principles are discussed, accomplishments are detailed, and next steps are set forth.

For additional information, contact: Children and Family Services Reform Initiative, Office for Children, Youth and Families, 300 West Lexington Street, Suite 306, Baltimore, MD 21201.

In addition, the Family Support Centers have prepared a comprehensive packet of materials describing various dimensions of that program, e.g., formal and informal parenting education, ongoing child development assessment, GED and job skill development, health education and access to health care, social and emotional support, recreation, child care, pregnancy prevention, and individualized programming. For information, contact: Friends of the Family, Inc., 1001 Eastern Avenue, 2nd floor, Baltimore, MD 21202-4364. For overall information regarding the role of the SEA, contact: Ms. M. Marie Mayor, Maryland State Department of Education, 200 West Baltimore Street, Baltimore, MD 21201.

New Jersey School-Based Youth Services Program (SBYSP)

As noted, the SBYSP, developed by the Department of Human Services, provides adolescents -- especially those with problems -- opportunities to complete their education, obtain skills that lead to employment or additional education, and lead a mentally and physically healthy life. The SBYSP links the education and human services systems and attempts to meet local needs. Although the department imposes no single statewide model, all projects must provide mental health, family counseling, and health and employment services at one site.

SBYSP sites serve adolescents between ages 13-19, many of whom are at risk of dropping out of school, becoming pregnant, using drugs, developing mental illness, or becoming unemployed. The sites also serve those most at risk of being dependent on state assistance programs for long periods. Each site offers a comprehensive range of services including crisis intervention; individual and family counseling; primary and preventive health services; drug and alcohol abuse counseling; employment counseling, training, and placement; summer and part-time job development; referrals to health and social services; and recreation. Some sites offer day care, teen parenting, training, special vocational programs, family planning, transportation, and hotlines. Parental consent is required for all services. SBYSP augments and coordinates services; it does not supplant or duplicate currently existing services. SBYSP sites are available during and after school hours, on weekends, and during the summer. Currently there are 29 programs, at least one site in each of the state's 21 counties. The sites, located in or near schools, provide students with "one-stop shopping." Sixteen sites are in schools; thirteen are located close to schools.

Grants for SBYSP initially were offered only to communities that showed the support and participation of a broad coalition of community groups, teachers, parents, businesses, public agencies, nonprofit organizations, students, and LEAs. Applications had to be jointly filed by a district and one or more local nonprofit or public agencies. In its first year, six million dollars were allocated to the program. These funds were part of the annual state budget appropriation. The average site received approximately $200,000 per year. Host communities contributed 25 percent, either through direct financial participation or in-kind services, facilities, or materials. The Department of Human Services augmented the program through coordinating existing service programs; for example, if a school proposed to provide health screening and some of its students were eligible to receive Medicaid, the department certified the school-based services as a Medicaid provider so that the program could receive Medicaid payments for serving those students. Grants were used to support staff costs, materials and services, space and additional liability coverage, and contractual agreements for providing specialized services at the site or through referral. A limited amount was provided for renovations to existing and/or modular structures. The Department of Human Services received a federal "Youth 2000" grant to help pay for technical assistance to project participants and to continue to link human services with education for non-SBYSP funded communities. For additional information, contact: Dr. Edward Tetelman, Director, Legal and Regulatory Affairs, New Jersey Department of Human Services; or Ms. Roberta Knowlton, Director, New Jersey School-Based Youth Services Program, New Jersey Department of Human Services, CN 700, Trenton, NJ 08625.

APPENDIX F

LOCAL RESOURCES

Alabama: Butler County Board of Education

The Coordinator of Community Education, Judy Manning, in personal correspondence (12/1/92), enclosed a very informative Community Education Update (8/13/92) that describes the sources from which grant funding was secured for the following community education programs: the Partners-In-Education program; child abuse/neglect prevention program; parent education program; adult basic education special project; the extensive networking system with over two dozen organizations, agencies, and school departments; and descriptions of enrichment classes and public relations presentations. In the summary of the update, Ms. Manning stated that "there are no limits as to what can be accomplished... as the described programs indicate. Community Education is one of the most diversified and far-reaching programs in the Butler County Public Schools System and continues to grow and bring exciting, supplementary programs to Butler County" (p. 15). For additional information about the community education program, contact: Butler County Schools, 215 Simpson Street, Greenville, AL 36037.

California: The Community Congress of Humboldt County

Several places in this monograph referred to the town meeting format developed in Humboldt County. The Community Congress (the official term) is a group of people from 45 communities in the county. A descriptive brochure states that "the Congress believes anyone can create an idea, share it in a public forum, watch over it, learn to trust and respect the ideas and opinions of others, and allow others to help give it form." A special trust fund has been started by the Humboldt Area Foundation to provide resources to carry out the Congress' major goals, i.e., strengthening families and youth to meet the challenges of living. Their approach has a long tradition in rural areas, i.e., people in communities can best identify their own needs and resources. Dewell Byrd, Antoinette Martin, and David Lehman have prepared a useful resource called The Humboldt County Experience: Creating A Climate for Strengthening Families and Preparing Youth (10/22/92) in which they outline a town meeting schedule; explain the plan for the session; present specific guidelines on communication, facilitation, structuring for success, and follow up; and provide a monitor's checklist and observer's guide. The staff has developed a resource on long-range planning and systems development for delinquency prevention, "Kids Under Construction: The Family, School, and Community." They also have developed a brief "Overview: The Social Development Strategy" that guides programs in maintaining consistent goals across interventions and in selecting risk factors either as those needing modifications through intervention or those used primarily for identifying high-risk groups. For additional information, contact: Community Congress of Humboldt County, P.O. Box 109, 3289 Edgewood Road, Eureka, CA 95501.

Colorado: "The Center" in Leadville

Lake County School District R-1 has compiled a marvelous document called "The Center" Project: A History, 1987-1992. After an introductory rationale and examination of district demographics (the district is located in the Central Rocky Mountains), the goals of "The Center" are presented: affordable preschool programs for every 2 1/2 to 5 year old, affordable day care programs open 365 days a year from 5:30 a.m. to 6:30 p.m., and affordable before- and after-school programs for all 5 to 13 year old children. "The Center" is under the permanent direction of the Lake County School Board but also has its own board that deals with the everyday operation. Descriptions are provided for such topics as nutrition, finances, handicapped education, the curriculum, parent involvement, and, most importantly, finances. Although "The Center" is operated as a nonprofit organization, it does not use local property taxes for any of its operational costs but must raise the yearly operating expenses ($600,000) on its own. Much of the publicity it has received has been because of its ability to remain open without subsidy from property taxes.

This valuable report concludes with several significant "happenings" that have occurred since "The Center" opened, including this important note:

> Thanks to the support of the Colorado Trust, "The Center" has developed a dissemination project that allows people from all over the U.S. to come...for one week and learn all of the ins-and-outs of "The Center." This project covers everything from High Scope (a child-centered curriculum) to financing, to actual goal development for the participants. This project has been done six times so far. The sessions have seen people from as far away as Oregon and Illinois.... (p. 17).

For additional information, contact: Dr. James McCabe, Superintendent, Lake County School District, R-1, 107 Spruce, P.O. Box 977, Leadville, CO 80461.

Connecticut: The Family Resource Center in Rogers

The Killingly Public Schools established a number of related programs, under the umbrella Family Resource Center, funded by the State Department of Human Resources. For example:

- Educare -- Educare, a daycare and preschool experience for children 2 years 9 months through kindergarten, operates year round. There is a sliding scale fee.

- Parent and Child Education (PACE) -- Operated by the Northeast Regional Adult Education, PACE offers parent and child education, to parents without a high school diploma, with children ages 3 to 5. The goal for parents is literacy and a GED; the goal for children is developmentally appropriate learning. There is no fee.

- Killingly Youth Club. The youth club is provided by the Quinebaug Valley Youth Services Bureau and the Northeast Connecticut Teen Pregnancy Prevention Program. Afterschool groups meet three days a week and have special summer and holiday programs. Activities include building self-esteem, communication and decision-making skills, peer refusal training, values clarification, and health education. This prevention program is based on the social development model that promotes the positive growth of children and youth.

- Before and After School Program (BASP). BASP, a school-age child care program designed to meet child care needs of families with two working parents, operates between 6:30 a.m. and 6:00 p.m. Busing is available between school buildings. Activities include table games, study centers, reading areas, quiet activities, crafts, indoor and outdoor sports, and field trips. There is a sliding scale fee.

- Resource and Referral. Early childhood staff provide assistance in applying for daycare subsidy and locating home or center-based daycare.

- Support for Home Daycare Providers. The program focuses on the Wee Care Family Home Daycare Network meetings, training sessions, and a toy/resource library.

- Family in Training Program. This program is coordinated by the Eastern District of the University of Connecticut Cooperative Extension System. Parent educators make home visits and facilitate group meetings for families with infants and toddlers, share developmental information, and let parents know what to expect and how to encourage the next stage of development. There is no fee.

For additional information, contact: Lynda Fosco, Director, Killingly Public Schools, Family Resource Center, P.O. Box 218, 22 Williamsville Road, Rogers, CT 06263.

Florida: Pasco County District Schools

Alex Weinberger, Supervisor of Student Services (in personal correspondence, 12/22/92), noted that although the district is in the beginning stage of full-service school implementation, "one stop shopping" will have a significant impact on their rural community. Indicating that some of the major barriers are the scarcity of health and social services, transportation inadequacies, and isolation, Weinberger stated that once fully developed, the full-service school can help overcome some of these barriers. He also enclosed a description of the Multiagency Coordinating Council (MACC) that resulted in a number of community-wide cooperative ventures. The Pasco County MACC document is particularly valuable since it details such topics as membership and operation procedures, goals, multiagency coordinating council meetings, and a brief statement on the annual evaluation of the work of the council. There also is an "Overview of the Services Provided by MACC Members and Related Pasco County Agencies" (April 1991) that describes the various services to be coordinated, including health and rehabilitative services, human development center services (adolescent day treatment and family intensive teams), and youth and family alternatives. For additional information, contact: Alex J. Weinberger, Supervisor of Student Services, Pasco County District Schools, 7227 Land O'Lakes Boulevard, Land O'Lakes, FL 34639.

Florida: Project Vision in Santa Rosa County

The project overview includes a list of school sites that are receiving funds from the Full-Service Schools grant, a summary of the latest evaluation statistics, sample success stories, participating agencies, compatible initiatives in Florida, funding sources, and service matrices from three of the most active sites. Every full-service school is different; the selection of services located at or near the school is based on the needs of the school population and community immediately surrounding the school. The primary site of development and evaluation in Santa Rosa, the Holley-Navarre complex, offers this array of services:

- adult education classes (GED and college courses)
- on-site caseworker
- graduation enhancement classrooms
- economic services (AFDC, food stamps, Medicaid intake and screenings)
- Head Start and Early Intervention classes for 4-year olds
- health services through an on-site registered nurse, two support aides, and a part-time psychologist
- after school and summer child care
- parent involvement center and parent workshops
- Private Industry Council programs
- on-site protective investigator
- research and development through the Educational Research and Development Center of the University of West Florida
- on-site deputy to provide prevention and education services
- extensive volunteer program

- childcare services and referral
- an Intergenerational Program that works with adults and children to break the "cycle of illiteracy."

For additional information, contact: Santa Rosa County School Board, 603 Canal Street, Milton, FL 32570-6706.

Georgia: Carroll County Schools

The Carroll County Schools have been developing the "ADVOCATE program: Advancing Opportunities for Children and Youth Across the Environment" that has three purposes: (1) to encourage a community vision of a nurturing and caring environment; (2) to acknowledge problems facing children, youth, and their families; and (3) to encourage the broadest possible community support to create an optimal life for children, youth, and families. The project's brochure describes the mission statement, a brief history of the project, an overview of the methods, and a detailed description of the committee structure: membership development, education, coordination, advocacy, resource mobilization, assessment and planning, staffing, youth, and evaluation. The project has an extensive set of by-laws that set forth positions on governance and decision making; duties of the elected officers, board of advisors, and members (including associate memberships for youth, adults, and seniors); meetings; standing and ad hoc committees; contracts, loans, gifts, etc. It also conducted an extensive needs assessment with the assistance of the Carl Vinson School of Government at the University of Georgia. For additional information, contact: Carroll County Schools, 164 Independence Drive, Carrollton, GA 30117.

Iowa: The STC Partnership Center in South Tama

Donna Downs Hempy, project manager of the School-Based Youth Service Center (STC Partnership Center), wrote (in personal correspondence, 3/25/93) that out of four projects funded by a four-year grant from the state, theirs is the only one in rural Iowa. Because the grant expires in 1994, they have been searching for support to continue. The intent of the center is to help assure that adolescents graduate and are employable, healthy, and chemical free. The three components are: (1) the business-school program (career and life skills development; career exploration; job counseling; short- and long-term work and career experiences; junior achievement; GED completion; and the involvement of business, civic organizations, the community, and parents); (2) the family-school program (mental health counseling, health care, substance abuse services, counseling and therapy assistance to families, juvenile probationary counseling, day care, and various positive life-style groups and classes); and (3) the student activities center (computer lab, peer helpers and tutors, recreational activities, and community involvement, e.g., adults share their ideas and interests with students). Another useful resource is a detailed agency schedule for the calendar year that includes the name of the involved agency, available day and time, means of scheduling, and service. For additional information, contact: STC Partnership Center, 205 West 3rd Street, Tama, IA 52339.

Kentucky: Fulton County Integrated Delivery System KIDS Project

The KIDS project has developed several resources, as Glenda Cochrum, the project coordinator, explained in personal correspondence, (11/18/92):

> ...the project includes two school systems and eight human service agencies. Our monthly meetings are considered to be the glue to the project. The agenda normally addresses presenters of relevant programs,

updates of agency happenings, and information concerning the project itself. The project case conferences for specific children and families has addressed service delivery which has ranged from arranging transportation for a family to receive weekly mental health counseling to coordination of over twenty services through eight agencies for one family.

For further information, contact: KIDS Project, Fulton County Schools, Hickman, KY 42050.

Mississippi: Parent Teen Learning Center (PTL) in Hollandale School District

The components of the PTL Center are explained in a brochure describing these activities and goals for single parents:

S - Strives to improve self-esteem
I - Informs students how to care for children
N - Networks with other agencies for useful services
G - Group rap sessions
L - Learning skills to strengthen child and mother relationships
E - Evaluates students and child through positive achievements

P - Parenting tips
A - Academics offering home economics, auto mechanics, building trades
R - Referrals: GED or vocational and post-secondary
E - Environmental growth by providing child care
N - Necessary transportation provided
T - Talking to someone about problems
S - Stimulating environments for children.

Doris Thompson (in personal correspondence, 12/2/92) sent a description of the PTL Center and the Single Parent Program that is summarized below:

Component I: PTL Center -- The Center, a daycare site for children of teen parents enrolled in the district, also serves as a demonstration school that teaches lessons about teen parenting and teen pregnancy. The center offers a structured program for children by using the Kinder-see/Kinder-say Curriculum Development Kit.

Component II: Single Parent Program -- The program is designed to assist teen parents in obtaining a Diploma/GED and prepare them to function in parenthood and the world at work. Students participate in a parenting class on Prenatal and Postnatal Care, Values, Self-Esteem, Child Growth and Development, Game and Play for Children, Careers, Decision Making, Planning a Family, Contraceptives, etc. Resource persons from the community reinforce the subject matter. Students are bused to the center to drop off children and then continue to school. In conjunction with classroom instruction, students also are bused to the center twice a week for laboratory instruction. That time is used to enforce parent relationships with children and put into action what students have learned in class. Several students are bused to the Vocational Center where they are involved in high tech classes. They also have the opportunity to enroll in vocational classes offered by the district. Emphasis is on careers and is reinforced by providing seminars stressing occupations. Students are provided with counseling that enables them to express their needs and provide counselors with input into assessing needs. For additional information, contact: Parent Teen Learning Center, Post Office Box 128, 115 North Street, Hollandale, MS 38748.

Mississippi: Natchez-Adams Parent Center

The Natchez-Adams School District has produced a packet of materials on various programs that focus on the Chapter 1 Parent Center designed to bring the home and school closer together. The center's staff consists of a coordinator, teacher, and teacher assistant. Family services include medical assistance (doctors visits and prescription glasses), psychological services, home visits, donated clothes, and a shoe fund (money donated by organizations). Community services center primarily on information and referral: in-school services (testing, psychological services, and special education) and non-school services (psychological services, Welfare Department, Mental Health Department, and Parents Anonymous). For additional information, contact: The Parent Center, Natchez-Adams School District, Administrative Offices, 10 Homochitto Street, P.O. Box 1188, Natchez, MS 39121.

Mississippi: Sudduth Elementary Parent Center in Starkville

Dr. Joan Butler, principal of the Sudduth Elementary School, sent a descriptive brochure about the Parent Center that has incorporated the following community services:

- Informational/referral: parents and students referred to the appropriate agencies for information and services not provided by the center

- In-school services: screening for the early prevention of school failure, plus the services of a speech therapist, counselor, and nurse

- Non-school services agencies: Psychological Services, Department of Human Services, Community Counseling Services, Medical Services, Big Brothers/Big Sisters, and Department of Social Services.

The center also includes the Parents-As-Partners program that maximizes the positive effects of parental involvement on student achievement and the Home/School Coordination program that provides two full-time coordinators to assist parents, teachers, and students. Parents, teachers, volunteers, and Mississippi State University practicum students are trained by the Home/School Coordinator in developing activities to reinforce student strengths and combat their weaknesses. The parent component focuses on parenting skills and positive ways parents can become involved in their children's education. The following features help assure the program's success:

- Community Outreach - links parents and families with community agencies to lend support for their children's well being

- Parent Education - weekly gatherings at school and convenient locations

- Parent Center - lends educational toys and games to be used by parents with their children at home

- Workshops - provide parents and teachers with parenting skill information and "how to" instructions for developing learning skills in children

- A.P.P.L.E.P.I.E. - weekly TV program featuring recipes for home activities that develop children's living and learning skills

- Partners in Learning - weekly newspaper article provides parenting information

- Teaching Learning Connection - a 24-hour phoneline for parents; teacher-suggested learning activities for parents and children to do at home

- Take-Home Book Bag Library - weekly take-home books for students to share with their parents and families.

For additional information, contact: Sudduth Elementary School, Starkville School District, Greenfield Drive, Starkville, MS 39759.

Missouri: The Village Youth Foundation in Maryville

Della Owens of the Washington Middle School sent two useful resources. One, the articles of incorporation of the Village Youth Foundation, explains that "the corporation is organized exclusively for charitable and educational purposes... for the educational, civic, and social welfare of the community...." The major purposes of the youth foundation are as follows:

- to reach out and help young persons in the Northwest Missouri area who are victims of abuse, neglect, or who are otherwise underprivileged or in need of direction

- to aid at-risk youth from low income and/or single-parent families

- to educate, inform, and involve the community concerning youth at-risk

- to aid and improve foster home care for young persons

- to provide volunteers to help abused, neglected, or underprivileged youth

- to work with the judicial system to implement the foundation's objectives

- to establish, help with, or continue summer youth programs

- to combat substance abuse and educate young people and others about drug use and abuse

- to provide a support group for parents

- to -- in general -- help young people and those involved with them

- to establish, provide, or continue a hot-line for parents

- to use the resources of public service agencies or private organizations and educational media to call attention to the needs of at-risk youth

- to provide any other service, activity, or program deemed necessary by the Board of Directors for corporate purposes

- to receive, hold, and administer gifts and other funds to carry out the general not-for-profit purposes of the corporation

- to purchase, lease, or otherwise obtain the necessary equipment, supplies, and/or facilities to carry out the not-for-profit purposes of the corporation.

The second resource, the by-laws of the foundation, describes the members, meetings, board of directors, officers, committees, and annual dues. For additional information, contact: Della Owens, 616 Jefferson Street, Maryville, MO 64468.

Oregon: Glendale-Azalea Skills Center

The Skills Center has developed a number of useful resources. The central item, "Overview and Needs," presents an excellent analysis of the changing timber-dependent and economically struggling community; the community's response; the role of and benefits for the school; an action plan; detailed demographic data; locally identified educational and life skills needs; and additional individual, family, and community needs suggested through the "Oregon Benchmarks" (i.e., the agreed-upon standards for measuring state-wide progress and government performance).

A related resource, "Educational Opportunities," describes the many programs and services that are available, including mathematics and technology courses, adult and alternative education, vocational and pre-vocational training, community education, and staff development for school and agency personnel. Another resource, "Individual/Family Services and Community Revitalization Opportunities," describes the various health and social services, the child development center, employment services, and community revitalization opportunities, including strengthening the local economy. The related resource, "Organization and Administration" (June 1993), describes the Skills Center organization, including its physical arrangements, support base, administration, site council authority and activities, and assessment and progress reporting activities. For additional information, contact: Glendale School District #77, P.O. Box E, 100 Pacific Avenue, Glendale, OR 97442.

APPENDIX G

UNIVERSITY RESOURCES

Miami University (Ohio)

A number of colleges and universities are involved in service integration. One prime example was noted by Dr. V. Randall Flora (in personal correspondence, 12/21/92) when he described Miami University's effort to collaborate with schools and health and human services agencies in southwestern Ohio.

> The school and teacher education renewal effort is in conjunction with National Network for Educational Renewal, headquartered in Seattle under the leadership of John Goodlad. The school/agency collaboration for children and families is in conjunction with the School Leaders Program sponsored by the Danforth Foundation. The University has committed better than two million dollars (about one-third of our anticipated budget) over the next five years and we are seeking additional external support. Because of our location between Cincinnati and Dayton, we are uniquely positioned to work with rural, urban, and suburban communities. We have made a commitment to work with all three types of school communities because of the needs in each and our commitments as a public-assisted university.... We are excited about our prospects, yet aware that the changes we seek will involve struggle....

Dr. Flora and his colleagues are developing a number of approaches relating to the role of institutions of higher education in service integration. For additional information, contact: Office of Student Teaching and Field Experiences, Miami University, School of Education and Allied Professions, 203 McGuffey Hall, Oxford, OH 45056.

Commission on Interprofessional Education and Practice (The Ohio State University)

Dr. R. Michael Casto, in personal correspondence (12/2/92), included materials describing the state commission's attempts to bring together eight human service professional groups -- allied health, education, law, nursing, medicine, psychology, social work, and theology -- to collaborate on complex clinical and policy issues. The goals of the commission -- which is part of a larger national commission -- are to address problems that require the delivery of interprofessional services, respond to changing social problems challenging the professions, bring a number of perspectives to bear on ethical issues affecting professionals, explore emerging public-policy issues, and disseminate information about interprofessional collaboration. For additional information contact: Commission on Interprofessional Education and Practice, The Ohio State University, 1478 Pennsylvania Avenue, Columbus, OH 43201-2638; and National Consortium on Interprofessional Education and Practice, 4418 Vale Circle, Madison, WI 53711.

APPENDIX H

AUDIOTAPE

Every Child is the Community's Child

This 90-minute tape, third in the Rural Audio Journal series produced by the North Central Regional Educational Laboratory (NCREL), tells the story of service integration in Hillsdale County, Michigan. The audiotape, among other things, describes the local Human Services Network task-force approach in which schools are key players in delivering services and where they have begun to realign resources. The role of the school is addressed on several occasions, since the point cannot be overly stressed: collaborative service delivery supplements the teacher's capacity to work with children and youth to overcome the "I can't do" attitude. In all of this, the "Elementary Success Program" is critical, since it identifies a "success worker" in the schools who is "backed up" by the Human Services Network and whose task is to marshall community resources, including time, energy, and effort.

The audiotape also includes an interview with Dr. William Morrill, Director of the National Center for Service Integration, who addresses the important question: Do all of these new responsibilities increase the burden on schools? Service integration, he asserts, actually can relieve schools of much of the burden by providing additional resources. The fact that services are relatively sparce in rural areas, he adds, is all the more reason why rural schools and community agencies need to get together.

Other voices are heard in this tape and their messages come across loud and clear, namely, that the "team approach" works best, holistic problems call for holistic solutions, red tape is often easier to cut through in smaller communities, and lines of communication must be kept open as the players gather "around the table" and attempt to "map through the maze." Linda Kunesh, director of NCREL's Early Childhood and Family Education program, reiterates that schools are not burdened by these efforts but, indeed, profit from pooled resources, particularly when they serve as a "link" to the resources. To order the audiotape, contact NCREL, 1900 Spring Road, Suite 300, Oak Brook, IL 60521-1480.

APPENDIX I

VIDEOTAPES

Capacity to Care

This video is the eleventh of twelve in the series, "Rural Communities: Legacy and Change," produced by Kansas State University's Rural Clearinghouse for Lifelong Education and Development and Ohio University as part of an Annenberg/CPB Project. The approximately 55 minute video describes how three small rural communities have met the special needs of their elderly, disabled, and illiterate citizens. The three sites are Ivanhoe in the Appalachia section of Virginia, Camden in rural Wilcox County in Alabama, and Darke County in western Ohio. Social, cultural, and economic development is the focus in Ivanhoe; leadership development and intergenerational programs are the foci in Camden; and handicapped students' services is the focus in Darke County, where rural "closeness, concern, and the capacity to care" moved the community toward partnerships as they were "forced to collaborate" in order to deliver needed services. To order, contact the Annenberg/CPB Project, 901 E Street, NW, Washington, DC 20004-2037.

Coming Together: The KIDS Project

This video is a rather brief (not quite 20 minutes) but moving exploration of the initial year of operation of the KIDS project in rural Fulton County, Kentucky and the delivery of services through the Family Resource/Youth Service Center. The program focus is family centered and illustrates the need for existing community agencies to "pull together" to make it all come together. To order, contact KIDS Project, P.O. Box 50, Hickman, KY 42050. A related video, "Connections," produced for public awareness by the state mandated program, includes brief "clips" of the local program in Hickman.

Educating Every Child for a Healthy and Productive Future

A product of the Joining Forces program of the National Association of State Boards of Education, the video runs for approximately 2 hours and 10 minutes. The tape is a national teleconference on coordinated services for youth. Early in the tape the point is made that, although schools should not overextend themselves, they must perform "nuturing" as well as "educating" tasks. Many other important insights are discussed throughout the teleconference, including the following highly relevant ones: (1) since schools are "where the kids are," the school site should be the "locus of services;" (2) services should be comprehensive, coherent, accessible, and flexible; (3) although teachers logically will play a "lesser role" than administrators since their primary tasks are teaching, nonetheless, they are the first contact with students and need to recognize problems early; (4) children in poverty are at great risk, particularly in the area of health care; (5) school funding structures and possibly the nine-month school calendar will have to change; (6) social workers sometime see schools as not "sensitive" enough to the multi-dimensional needs of children and their families; (7) shelter, nutrition, housing, and poverty are the most critical problems in rural communities; (8) service integration is not necessarily an "additive;" (9) service integration activities should not be "piled on top" of what schools do, but schools need to be "restructured" so that service delivery becomes an integral effort; and (10) service integration efforts can be related to service learning efforts; it is a two-way street. To order, contact the National Association of State Boards of Education, 1012 Cameron Street, Alexandria, VA 22314.

Fixing the System

This short, approximately 25 minute, video discusses three concepts: the focus on families, interagency case management, and the focus on schools. Although the district is urban, the important point is that the "network of referrals" must begin at schools, wherever they are. Schools, in effect, need a new way of thinking about their mission and must be "advocates for change." To order, contact the County of Riverside, Department of Health/Health Education Services, 4065 County Circle Drive, Riverside, CA 92503.

People Care

This approximately 30 minute tape describes the New Jersey's School-Based Youth Services Program (SBYSP). The initial section lays the groundwork for the SBYSP as it explores various socio-economic problems faced by youth, including dropping out of school. The second part concentrates on students, parents, and counselors in rural, suburban, and urban schools as they express feelings about the positive effects that SBYSP has had on their lives. To order, contact the School-Based Youth Services Program, Department of Human Services, State of New Jersey, CN 700, Trenton, NJ 08625-0700.

The Promise Can Be Kept

This video describes the comprehensive child care service developed in this small (but not particularly rural) community in northwestern Pennsylvania. The approximately 25 minute video concentrates on twelve comprehensive and interdisciplinary programs for children six weeks old to six years. The programs include infant/toddler child care, child centers and homes, Headstart, Latchkey child care, flexible kindergarten, developmental screening for 3 to 5-year-olds, early interventions, pregnant teen parenting, developmental first grade, writing-to-read communication, nutritional lunch program, and an intergenerational program. Interagency cooperation in funding and program administration are central features of the approach. To order, contact the Farrell Area School District, Rollner Boulevard, Farrell, PA 16121.

Schools That Work -- The Research Advantage: Integrating Community Services

This resource is the videotaped conference conducted by the North Central Regional Educational Laboratory on May 7, 1992. The tape, which runs for nearly one hour, makes the point that service integration requires redefining the school's mission, roles, and responsibilities and that interagency collaboration is a means to an end, namely, improved student outcomes. The rural section of the program features a panel discussion which includes Charles Terrett, Superintendent of Schools in Hickman, Fulton County, Kentucky. One of the most relevant conclusions is that service integration actually makes the teacher's job easier, that it "does not mean extra" work, and that teachers are not intimidated by the program. They must, however, "buy into it" and serve as "eyes and ears" in order to make it work. The panelists make clear that schools have a central role -- not the sole role -- and that "the home is a support system for schools." Schools, however, should not be seen as being in charge. Another important idea discussed is the "beyondness concept," i.e., it is important to go beyond passing the blame to individuals and/or groups (such as parents). Instead, all communities, including rural ones, have some resources and all must work together. Lastly, a new set of leadership skills are needed. These initial service integration activities seemingly are the "beginning of a movement" toward establishing a "culture of helping children and families." To order, contact the North Central Regional Educational Laboratory, 1900 Spring Road, Suite 300, Oak Brook, IL 60521.

APPENDIX J

NATIONAL CENTER FOR SERVICE INTEGRATION: RESOURCE BRIEFS

The National Center for Service Integration (NCSI) has published a series of Resource Briefs in the following six areas:

#1 So You Think You Need Some Help? Making Effective Use of Technical Assistance by Charles Bruner

#2 Charting a Course: Assessing a Community's Strengths and Needs by Charles Bruner, et al.

#3 Who Should Know What? Confidentiality and Information Sharing in Service Integration by Mark Soler and Clark Peters

#4 Getting to the Bottom Line: State and Community Strategies for Financing Comprehensive Community Service Systems by Frank Farrow and Charles Bruner

#5 Getting Started: Planning a Comprehensive Services Initiative by Carolyne Marzke and Deborah Both

#6 Making it Simpler: Streamlining Intake and Eligibility Systems by Allen Kraus and Jolie Bain Pillsbury

Each of these documents contains much valuable information and a great deal of insight into service integration. The documents are available for $4.00 each (shipping/handling included) by contacting:

National Center for Service Integration
5111 Leesburg Pike, Suite 702
Falls Church, VA 22041
(703) 824-7447
(703) 671-7208 (FAX)

Some of the most relevant items from these documents that may be useful in planning and implementing service integration programs are as follows.

From Resource Brief #1 -- on using technical assistance

Key Points in Making Effective Use of Technical Assistance in Service Integration Initiatives:

- Identify, as clearly as possible, the problems for which outside technical assistance is sought and the ways that technical assistance can be useful in identifying and implementing solutions.
- Enlist the cooperation, support, and involvement of key individuals within the initiative in securing outside technical assistance.
- Gain a clear commitment from initiative participants to share the initiative's "real" problems with the provider so that disputes can be resolved promptly and not hinder progress.

- Identify the skills needed from the technical assistance provider, both related to technical expertise and process expertise, and the scope and duration of the technical assistance that will be needed to complete the task.

- Establish a process for selecting a technical assistance provider that both clarifies what the expectations of the provider are and allows the initiative to select a provider with the necessary skills.

- Conduct reference checks that cover all key aspects of the provider's responsibilities under the current initiative, and seek personal contact prior to selection to ensure that the provider is compatible with all participants in the initiative.

- Assure that the technical assistance provider serves the needs of the initiative as a whole and does not represent (or appear to represent) a single organizational or professional interest within that initiative.

- Develop a mechanism of communications through which both the technical assistance provider and the initiative's members are kept informed of all relevant work activities within the initiative.

- Establish clear expectations for the technical assistance provider, including a framework for evaluating the provider's work continually through the process.

- Make clear that the relationship is interactive and that the expectation for the provider is to impart skills to initiative members -- so they can address future problems and challenges without as much need for outside assistance (p. 19).

From Resource Brief #2 -- on assessing community strengths and needs

In conducting a community assessment, the following list of attributes can help assure that information is not collected needlessly, but that it helps to direct and guide the actions of the community collaboration. In brief, a good community assessment:

- is based on goals the initiative establishes

- helps answer questions raised by the goals

- establishes benchmarks that help chart the initiative's progress to meet the goals

- identifies existing resources (public and community) and services available within the community, and the areas of service gaps and weaknesses

- engages and involves key service providers and constituencies in better understanding and working with one another

- distinguishes needs and resources within different neighborhoods and cultural or associational communities

- makes efficient use of available information but is not driven by data availability

- involves potential service users and neighborhood and community residents in identifying needs and solutions

- establishes commitment among a broad base of participants to take action and meet goals (p. 33).

From Resource Brief #3 -- on confidentiality and information sharing

The following is a checklist of points that agencies should consider and address in developing procedures for sharing information within and across agencies:

- Consider the reasons for ensuring the confidentiality of information about children and families.
- Decide on the specific information the agency needs.
- Clarify the reasons why the agency needs the information.
- List the information that the worker's agency will share with other agencies.
- Describe the purposes of information sharing among agencies.
- Study the applicable legal provisions, particularly federal and state statutes and regulations.
- Make provisions for clearly explaining the importance of consent to clients.
- Pay attention to the need for sensitivity to language and cultural issues.
- Develop agency or multi-agency requirements for informed consent and necessary elements for written releases.
- Specify the role of interagency agreements, court orders, and other mechanisms that facilitate interagency information sharing without the consent of clients.
- Review the special issues that arise from the use of automated management information systems (p. 19).

From Resource Brief #4 -- on financing strategies

Strategies that states and communities can use to incorporate the principles of service integration into system reforms include some combination of the following:

- pooling funds across agency lines to achieve common goals
- delegating greater authority over the use of existing funding streams to community policymaking and administrative systems
- redeploying existing funds from higher cost services toward lesser cost, alternative services
- refinancing, through greater use of federal entitlement programs, accompanied by reinvestment to expand the funding base for services
- leveraging private sector and foundation funds to expand the funding base for services or to cover the start-up costs for system reform

- investing new funds, based on long-term cost benefit analysis, into prevention-oriented services with clear outcome accountability (p. 23).

From Resource Brief #5 -- on planning initiatives

Common elements to consider in effective collaboration include:

- strong leadership at all levels of government, within the community, and among funding institutions

- a climate for change, established in part by prior experience with collaboration or cooperation, and the availability of start-up funds

- diverse membership, which draws from a broad range of community service sectors and is representative of the community's cultural and ethnic groups

- flexibility and adaptability

- formal and informal structures and processes for resolving communication problems and turf conflicts

- an outcomes orientation and accountability for achieving results

- a clear, shared vision, and goals developed with the full participation of the membership, usually based on data obtained through a community needs assessment

- relationships among members built on trust, respect, and mutual understanding

- a core staff reponsible to the collaborative as a whole (p. 6).

From Resource Brief #6 -- on intake and eligibility

Sample Work Plan for Streamlining Intake and Eligibility Systems

Phase One: Overall Planning and Orientation

- Create a core team of senior managers.
- Create an extended team of staff to support the core team.
- Develop measurable goals such as: reduce the time from initial contact to service delivery by 50 percent; reduce the number of intake contacts to one; apply freed intake resources to provide direct services and to gain cost reductions.

Phase Two: Thorough Assessment of Current Process

- Document the current process: process flows and descriptions; work flow sequences; procedures; performance characteristics (volume, time, and number of contacts); resources users (people, computers); quality and extent of service integration.
- Involve constituent groups.
- Conduct customer and staff surveys, focus groups.
- Assess information systems.
- Review how other places do similar business and use this as a benchmark.

Phase Three: Developing Alternatives

- Use the core team to develop alternatives, using analysis and brainstorming.
- Test the alternatives with constituent groups.
- Identify benefits and costs, and compare them to goals.
- Develop both quick fix and long-term alternatives.

Phase Four: Developing an Implementation Plan

- Identify tasks and required resources.
- Identify the people responsible.
- Use project management tools to sequence the tasks.
- Estimate benefits and costs, and relate them to goals.
- Focus on quick fixes and long-term solutions.

Phase Five: Implementation

- Prepare details of the "reengineering" work required.
- Set up the computer systems design, purchase, and install equipment.
- Develop the staff.
- Convert from the old to the new system (p. 27).

In addition, the NCSI has published several other valuable resources. Three examples are as follows:

- Going to Scale with a Comprehensive Services Strategy. Summary notes of the Wingspread Conference, May 3-5, 1993.

- Service Integration: An Annotated Bibliography by Ajay Chaudry, Karen Maurer, Carole Oshinsky, and Joshua Mackie. 1993.

- Case Management in Service Integration: An Annotated Bibliography by Ellen Marks, Karen Maurer, and Linda Simkin. 1994.